action track

TREATMENT TOOLS

for COUNSELLORS

WORKING WITH YOUTH

AADAC Alberta Alcohol and Drug Abuse Commission
An Agency of the Government of Alberta

ACKNOWLEDGEMENTS

This package is the result of the work of many people. AADAC would like to thank those people who had input into the original idea and the development of this resource for youth addictions counsellors.

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Introduction

This treatment package is intended for use by addictions counsellors who need additional resources to assist adolescent clients who are dealing with alcohol, other drug or gambling problems. The package is directed towards counsellors working in outpatient and inpatient treatment settings.

HOW TO WORK WITH THIS PACKAGE

There are five sections in this package designed to offer information and resources on specific issues related to alcohol and other drug use. This package is designed following the principles of the Stages of Change[1] (Precontemplation, Contemplation, Preparation, Action, Maintenance) as developed by Prochaska, Norcross, and DiClemente. This resource will help counsellors provide information, awareness and tools to clients to help them move through the stages of change and achieve a healthy, drug-free lifestyle. The resource is intended to offer choices to the counsellor when working with clients, and is not meant to be a rigid program. Client pace in working through the material will depend on individual needs and readiness to change.

INTRODUCTION TO AADAC

The Alberta Alcohol and Drug Abuse Commission (AADAC) is an agency funded by the Government of Alberta. AADAC has provided alcohol and other drug addiction services to the people of Alberta since 1951. In 1994, AADAC became responsible for addressing problem gambling in the province.

AADAC's purpose is to assist Albertans in achieving freedom from the abuse of alcohol, other drugs and gambling. AADAC's role is to promote people's independence and well-being through increasing use of social, emotional, spiritual and physical resources, and to provide cost-effective, holistic alternatives to hospital-based and medical services.

In developing this package, the following principles and guidelines were used:

- Most adolescents are healthy and interested in making a success of their lives. Their use of alcohol or other drugs is often experimental and may arise as the result of normal developmental processes.
- In our treatment services, however, we are addressing the minority of adolescents who are harmfully involved with drugs, often in the context of other serious life problems. We also work with adolescents who are severely troubled and require intensive treatment to assist them in overcoming their difficulties.

1) Prochaska, J., Norcross, J.C., and DiClemente, C. (1994) Changing for Good (pp. 38-46) (Adapted with permission)

ALCOHOL AND OTHER DRUG PRINCIPLES AND GUIDELINES

Assumptions

1. Adolescence is a time of rapid growth, change, learning and development. Adolescent clients require treatment approaches that are age-appropriate.
2. Adolescents who require treatment are a diverse group. They exhibit differences in background, level of problems, family support and stages of development which require varied program solutions.
3. Drug problems among adolescents are usually embedded within the context of other serious life problems which may predate, or be a consequence of, drug use.
4. Adolescent treatment is enhanced by ongoing support from family, peers, schools and the community.

Principles

1. Adolescents should be treated with respect. We should respect their right to confidentiality and to participate in decisions regarding the goals and mode of treatment.
2. Treatment programs for adolescents should be appropriate to their developmental stage and sensitive to the issues they are facing.
3. When treatment plans are being made with adolescent clients, the least intrusive intervention consistent with client need should always be implemented.
4. Treatment should address alcohol and drug problems directly. However, recognizing that adolescent clients generally will have multiple problems, treatment should also focus on improving other aspects of their lives.
5. Although family involvement and peer support during treatment is beneficial, adolescents' choices regarding the level and nature of this involvement should be respected.
6. Community groups, schools and other professionals should be involved when appropriate to facilitate the entry of the adolescent into treatment, and assist with ongoing support afterwards.

Goals of Treatment

Treatment services are designed to help adolescents develop a plan and the skills to live without reliance on drugs. Specifically, programs aim to:

1. Assist adolescents to achieve and maintain abstinence during and after treatment.
2. Increase adolescents' knowledge and understanding of the role drugs play in their lives.
3. Assist adolescents to develop the skills to make responsible decisions and the ability to successfully manage their own lives free from drug abuse.
4. Improve the quality of adolescents' family and social relationships, and help adolescents use social, community and mutual support systems, including peer and self-help groups.
5. Alleviate family distress created by the adolescent's drug problem, help the family intervene effectively with the drug-abusing adolescent, and help the family to support the adolescent during and after treatment.

Guidelines of Treatment

1. The level and type of service provided to each adolescent will be based on a thorough assessment.
2. Referral may be made to other appropriate programs.
3. Treatment for adolescents will not be made contingent on family involvement, though involvement of families in treatment will be strongly encouraged.
4. Programs must attend to the issue of attracting adolescents into treatment and motivating them to stay.
5. Aftercare planning will be an essential part of treatment delivery. It should include provision for positive peer support, ongoing contact with an addictions support service and other referral sources, and affiliation with self-help groups where appropriate.
6. Networking with other youth-oriented agencies will be undertaken in order to facilitate early intervention in adolescent drug problems and to enhance support for clients who have been discharged from treatment.
7. Services will be available to families even if their adolescent child is not actively involved in treatment.

THE STAGES OF CHANGE

The following summary of the Stages of Change is from Prochaska, Norcross, and DiClemente's 1994 book *Changing for Good*.[1]

Clients do not always come to counselling ready to change. Addictions counsellors often see clients who are sent to counselling because someone else recognizes the problems.

James Prochaska, Carlo DiClemente and John Norcross discovered that people who are overcoming addictive behaviour go through a predictable series of stages. These Stages of Change help counsellors to identify where clients are in their process of recovery.

Clients move from being unaware or unwilling to do anything about their problems, to considering the possibility of change, to preparing to make the change, and finally to taking action, and then sustaining or maintaining the change over time. Clients come to counsellors to seek help in negotiating one or more of these Stages of Change. Clients can come in at any stage in the Model. The challenge for the counsellor is to understand which stage the client is in and to use interventions appropriate to that stage.

By being aware of different stages of change, counsellors may take various approaches with a client, depending on where the client is in the process of change. Distinct skills are needed with each stage. Problems with clients appearing unmotivated or resistant occur when a counsellor is using strategies inappropriate for the stage the client is currently in.[2]

Precontemplation

At this stage, individuals can be thought of as "not ready" for change. They have not yet considered the possibility or the need for change. They are probably aware of their behaviour, but are not defining it as a problem. However, the notion of precontemplation suggests that someone else knows there is a problem. Precontemplators are only likely to present for treatment if pressured or mandated to do so by someone else. Precontemplators are often labeled as resistant or "in denial."

Contemplation

This stage might best be thought of as a continuum that begins when individuals recognize they may have a problem they want to change and ends when individuals conclude they do have a problem that they do want to change. In between, people experience ambivalence—both considering and rejecting change. Such ambivalence is normal and understandable and is typical of many of the addictions clients who present for individual counselling. Contemplation involves achieving the willingness to change.

1) Prochaska, J., Norcross, J.C., and DiClemente, C. (1994). Changing for Good. (pp. 38-46).

2) Rollnick, R., and Miller, W. (1991). Motivational Interviewing: Preparing People to Change Addictive Behavior. (pp. 101).

Preparation

In the preparation stage, people plan how they will accomplish the desired change. Strategies need to be realistic and appropriate. Clients seem ready and committed to make a serious attempt at change. The counsellor must recognize that enthusiasm does not equal skill at this point. There may be many barriers to overcome in order for the client to be successful; these must be planned for.

Action

In the action stage, people make the biggest changes towards modifying their behaviour and their surroundings. Clients in the action stage may use their counselling session to obtain support and monitor their success. Research shows that three to six months is required for this phase to be complete, although this varies with the individual and the problem area.

Maintenance

New behaviour becomes firmly established in this stage. Although the threat of relapse is less frequent and less intense, it is still possible. Clients must be realistic in their understanding of the length of time required to accomplish change. When clients attend counselling after relapse occurs, they may be very shaken and need to make sense of the relapse.

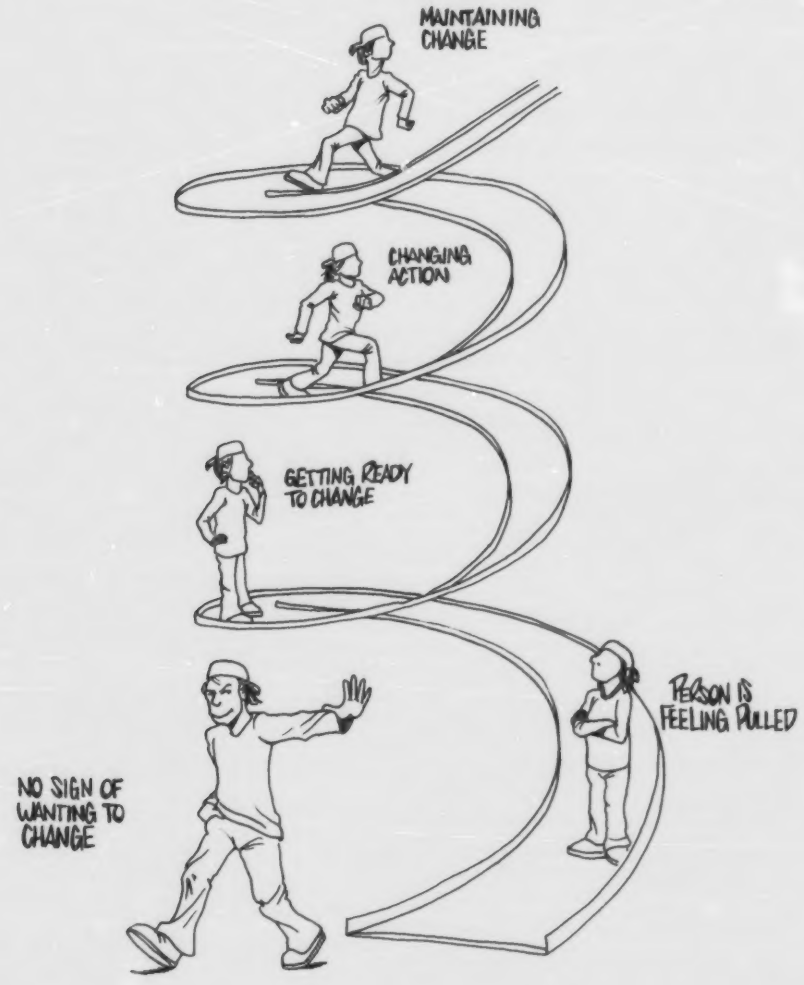
Termination

The termination stage is when people exit the stages of change. In other words, they have completed the change. There are three criteria for termination: the problem behaviour will no longer present any temptation or threat; the behaviour will never return; and there is complete confidence that the person can cope without fear of relapse. Only 10 to 15% of all changers reach termination. Most changers remain in the maintenance stage for the rest of their lives. This means that they have built a healthy and rewarding lifestyle, yet may still be tempted on occasion.[1]

1) Prochaska, J., Norcross, J.C., and DiClemente, C. (1994) Changing for Good

THE SPIRAL MODEL OF CHANGE[1]

Most people usually do not progress through the stages in a linear fashion. A more typical pattern is that of a spiral where one can progress from contemplation to action and back to contemplation. The spiral illustrates that people do not revolve endlessly in circles. They take their learning with them to higher levels, and revisit stages when the work of that stage is not complete. As each stage is revisited, issues are dealt with in greater depth. The average self-changer recycles several times (the authors prefer the term recycle to relapse).



1) Prochaska, J., Norcross, J.C., and DiClemente, C. (1994). Changing for Good. (pp. 38-46). (Adapted with permission)

COUNSELLOR TASKS AND THE STAGES OF CHANGE

Outline of tasks for the counsellor in each *Stage of Change*.

STAGE	COUNSELLOR'S TASK
Precontemplation	Raise doubt: increase the client's perception of the risks and problems with current behaviours.
Contemplation	Tip the decisional balance: evoke reasons to change, risks of not changing ... strengthen the client's self-efficacy for change of current behaviour.
Preparation	Help the client determine the best course of action to take in seeking change.
Action	Help the client take steps towards change.
Maintenance	Help the client identify and use strategies to prevent relapse.

In the case of relapse — help the client to renew the processes of contemplation, preparation, and action, without becoming stuck or demoralized because of relapse.

HELPING AND THE STAGES OF CHANGE[1]

There are certain helping strategies that work better for each stage of change, just as there are change strategies that work better in each stage. When we get frustrated with trying to help someone, it may be because we expect our clients to be at one stage of change while in reality the person is at another stage of change. To help someone effectively means matching your actions to where the person is 'at' in the change process. We will now look at which helping strategies work best in each stage of change.

Precontemplation

People in precontemplation often resist change. In precontemplation, one of the most effective ways to help someone is to encourage the person to look at their behaviour and to increase their awareness of the risk and problems with their behaviour.

Often what is really needed by precontemplators is to feel safe enough to express any doubts they have, and to feel accepted and cared-for as they are now.

Sometimes the simple, non-judgmental presence of an intimate friend or partner is enough.

One way to encourage a person to look at their behaviour is to ask open-ended questions which don't have a yes or no answer. These can help the person think about their behaviour.

Questions must be asked in a non-judgmental and supportive way.

Example questions:
What do you think of your drinking?
When is it that you feel like drinking?
What are some of the good (or not-so-good) things about your drinking?

Contemplation

The main task of contemplation is gathering information and understanding about the behaviour to be changed. A hallmark of contemplation is ambivalence, as the person looks at the good and the not-so-good things about using substances. Contemplators need support, listening, and feedback as they learn about their behaviour and weigh the pros and cons of changing.

Many helpers tend to give quick solutions and get into problem solving at a time that the person simply needs to be listened to. Your observations about the contemplator's behaviour can be valuable information. Sharing observations is different from confrontation. The first is, "It seems that you drink more when you feel down," rather than "Every time you get a little discouraged, you drink your face off!"

Preparation

By this time, the person is developing a plan to change and may be taking some action (e.g. a dress rehearsal). One of the best ways to help at this point is to ask what you can do to help. Often people in preparation may find it hard to ask for help. Asking them for concrete things you can do can be very supportive and lets them know you are on their side. For example: try to negotiate a way to deal with the person's crankiness when they are quitting.

Action

In this stage, the person is taking action to change their former behaviour. It can be a difficult time for them. There are many ways to help someone in action, but the key is to ask them what they want you to do. You can then negotiate a plan together.

Maintenance

Helpers soon begin to take the changes in their clients for granted and often reduce their level of support in the maintenance stage. However, it is essential that a person in the maintenance stage has someone who can be "on call" when a crisis comes up that could lead to a relapse. This is one of the most valuable functions of self-help groups. It helps if you make an agreement that you will tell the person if you see them reverting to old behaviour.

Termination

In this stage, the client may not need the support of the helper any longer. The changer has developed a new self-image that is consistent with the healthier behaviour. There is no longer any temptation for them to return to the old behaviour. People in this stage lock, think, feel and act with genuine confidence. They are convinced they can function well without ever again engaging in their former problem behaviours, and they institute a healthier lifestyle as a means of preserving gains and promoting new growth.[1]

1) Prochaska,J., Norcross, J.C., and DiClemente, C. (1994). Changing for Good.

SECTION 1

Precontemplation

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Section 1 PRECONTEMPLATION

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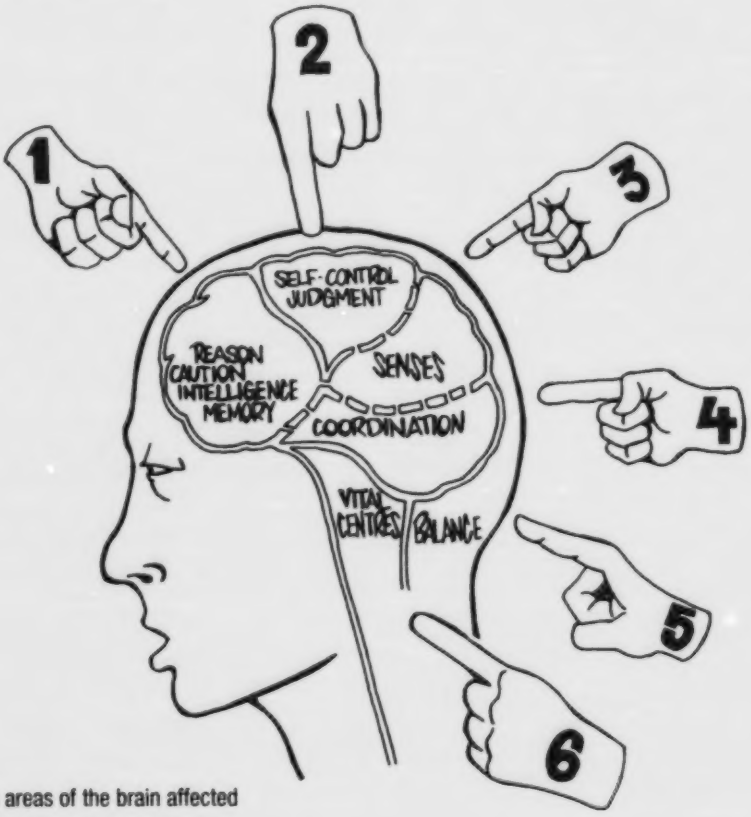
ALCOHOL AND OTHER DRUG INFORMATION

INTRODUCTION

This section is designed to give a brief overview of alcohol and other drug information, how dependency develops and the levels of addiction. The purpose of providing this information to the precontemplative client is to help raise the client's awareness about how substances are affecting them and the possible risks involved, and for clients to get a clear picture of the extent of their alcohol and other drug use which may raise self-doubt about their substance use. People who are in precontemplation are usually defensive about their problem behaviours. In order to counter these behaviours, clients need to become aware of what these defences or "coping tools" are and how they work. By examining defences or coping tools as we will call them here, clients can move towards contemplating changing their problem behaviours.



The areas of the brain affected by alcohol in the order that each area is affected.

For more information consult the following AADAC and other resources:

Alcohol: Do You Know Enough About It?

Straight Facts (Health Canada)

Quick Facts About Alcohol, Other Drugs, and Gambling

*ABCs of...*series

Beyond the ABCs

Addiction Awareness Series

A Drinking Problem: How Can I Tell?

No Place Like Home — What to Do When Someone in Your Family Has a Drinking Problem

Adolescent Inhalant Abuse Facilitators Manual and Participant Handbook

Posters - *Straight Goods on Drugs and Alcohol, Straight Goods for Girls on Drugs and Alcohol*

Teen Tip Sheets - *"Is This Confidential?", "Problem Use? It Can't Happen to Me"*

Tipping the Balance

How Do I Fit? A Skills Manual for Youth at Risk

Youth Information Posters - *Booze 'n You* (Alcohol) *Kick Butt* (Tobacco) *What's the Buzz About Pot?* (Marijuana) *What's the Big Deal?* (Gambling)

Did you know that...?

SOME STATS

Adolescent girls in treatment for drug and alcohol problems feel they have more of a problem with alcohol and other areas of their life than males do.

Adolescent boys in treatment report that they get less support from their friends to get treatment from addiction support services than females do.

Teens with higher levels of alcohol and drug use were more likely to:

- have run away;
- have dropped out of school;
- have been suspended or expelled from school;
- have had drug-using friends; and
- currently live with someone with an alcohol or drug problem.[3]

3) AADAC. (1998). Adolescent Treatment Excellence Through Evaluation.

WHAT IS A DRUG?

A drug is any substance, other than food, which is taken to change the way the body or mind functions. By this definition, penicillin, heroin, alcohol and antiperspirants are all drugs. Drugs can occur naturally (e.g. opium, caffeine, tobacco) or can be manufactured in a lab (e.g. Valium®, Prozac®).[4]

Some drugs are called "invisible drugs." These drugs are so common, and their use is so widespread, that people usually don't think of them as drugs. The "invisible drugs" are: alcohol, nicotine and caffeine.

Alcohol can be a very dangerous drug and it is responsible for most of the damage that drug use causes in society. This damage is seen in terms of motor vehicle accidents and traffic deaths, alcohol-related disease and deaths, hospitalizations, criminal behaviour, family problems, workplace problems and school problems. Remember—alcohol is not separate from drugs. When a person drinks alcohol, they are taking a drug.

WHAT HAPPENS TO ALCOHOL IN THE BODY?

Alcohol is absorbed mainly through the stomach and small intestine into the bloodstream. Once in the bloodstream, alcohol is carried to all parts of the body, reaching the brain almost immediately.

Alcohol is broken down or metabolized in the liver at a constant rate. It takes between one and two hours for an adult to metabolize a standard drink (43 ml of distilled spirits, 341 ml of regular Canadian beer or 142 ml of table wine). Alcohol continues to circulate in the bloodstream until it is broken down by the liver and leaves the body through breath, sweat and urine. Alcohol freely crosses the placenta between the mother and the fetus and can have harmful effects on the fetus.

WHAT DOES BLOOD ALCOHOL CONCENTRATION (BAC) MEAN?

BAC is a measure of the concentration of alcohol in the bloodstream; it is the amount of alcohol per unit of blood. Sometimes it is also referred to as blood alcohol level or BAL. At a BAC of .04 most people begin to feel relaxed and content or happy, and less self-controlled. At .06, judgment is somewhat impaired and people are less able to make rational decisions about their capabilities. At .08, muscle coordination and driving skills are impaired. At .10, judgment, motor control and reaction time continue to deteriorate. By .30, loss of consciousness may occur and, above .40, breathing may stop and death may result. The legal limit for impaired driving in Canada is .08, meaning that a driver is impaired with 80mg of alcohol per 100ml of blood in the system. A person can be charged with impaired driving even if their blood alcohol level is below .08.

4) AADAC. (1998). Tipping the Balance: Substance Abuse and High-Risk Youth.

WHAT ARE THE IMMEDIATE EFFECTS OF DRINKING ALCOHOL?

Short-term effects of drinking depend on how much alcohol is in the bloodstream and this is dependent on how much alcohol has been consumed and how quickly it was consumed. These factors determine the amount of alcohol absorbed and the amount metabolized. Even though alcohol is a central nervous system depressant, early effects of drinking may include increased activity and decreased inhibition. These effects result from a depression of brain centres that control behaviour. At low to moderate doses, alcohol usually produces a feeling of relaxation and a sense of well-being. However, alcohol can produce feelings of hostility, depression and withdrawal. The environment in which drinking occurs and the amount of alcohol consumed can greatly affect the emotional response.

ARE THERE DIFFERENCES IN HOW MALES AND FEMALES METABOLIZE ALCOHOL?

Females tend to feel the effects of alcohol sooner than males for three reasons. First, generally girls have a higher ratio of body fat to water than boys. Alcohol does not dissolve in fat the way it does in water. With less water in their body in which to dilute alcohol, females tend to feel the effects of alcohol sooner than males. Second, the hormones released before a girl's period help to speed up the absorption of alcohol into her bloodstream. A female will feel the effects of alcohol faster right before her period than she will at other times of the month. There is also some evidence to suggest that girls taking birth control pills will feel the effects of alcohol more rapidly than other females. Third, girls' stomachs have less of a special chemical, called acetaldehyde dehydrogenase (ADH), that allows some of the alcohol to be broken down in the stomach. So, more alcohol is sent from the stomach to the liver in females than in males.

WHAT DOES IT MEAN IF SOMEONE SAYS THEY HAVE AN ALCOHOL OR DRUG PROBLEM?

An alcohol or other drug problem exists when a person keeps using even though they are having repeated negative consequences because of their behaviour when they use. These negative consequences may be happening in the areas of school, work, family, social, medical, legal, psychological and leisure. This means that because of alcohol or drug use a person may be having problems attending or staying in school. They may be getting low grades, missing work or getting fired from a job, or having problems getting along with parents or friends. They may be on probation for crimes committed while impaired or high, or they may believe that they have strange or different thoughts from everyone else. The person may not have any free-time activities other than drinking or using other drugs.

HOW DO PROBLEMS WITH ALCOHOL AND OTHER DRUGS START?

There is no single cause for developing problems with alcohol or other drugs. There are many complex factors that we can look at, including the genetic and psychological makeup of the person, their family environment, and cultural and sociological factors.[5]

Did you know that ...?

MORE STATS

63% of adolescents entering treatment at AADAC were male

53% had "high" alcohol and drug use, meaning they used more than two days per week in the 30 days before treatment

93% were experiencing negative consequences from their alcohol or drug use

68% had run away an average of nine times in their lives

71% had trouble controlling their anger

63% had trouble with behaviours that felt out of control

46% had hurt themselves on purpose

76% had been charged with an offence, but not necessarily convicted

59% had a parent with a current or prior alcohol or other drug problem

at least **35%** had been physically abused

at least **24%** had been sexually abused

at least **27%** had attempted suicide

As their treatment goals:
- **71%** wanted to deal with their alcohol or other drug problem
- **46%** wanted to improve their school performance

3) AADAC (1996) Adolescent Treatment Outcome through Evaluation

IS PROBLEM DRINKING HEREDITARY?

Children of alcoholics have a four times greater risk of developing alcohol-related problems. This does not mean that alcoholism is determined by heredity. Experts generally agree that some people inherit a susceptibility to alcoholism, but environmental factors always play a role. The genetics of alcoholism is complex; we don't quite understand how the susceptibility is inherited. We also don't know the relative importance of genetics and the environment, and this is probably different for each person.

Research shows that there are some family circumstances that increase the risk of developing alcohol dependence/drug addiction and some circumstances that decrease the risk.

Circumstances that can increase the risk are:

- living in a family with poor relationships, such as family violence, or inconsistent parenting,
- having older brothers or sisters who use drugs, and
- having parents who are alcohol dependent.[6]

Circumstances that help to reduce the risk are:

- living in a family that follows its family rituals, such as dinner times and holiday celebrations, even during times of parents' heavy drinking,
- having good, flexible family relationships and communication patterns,
- having a strong, supportive relationship with parents; parenting that provides clear expectations, regular monitoring of children, consistent discipline, and
- being exposed to healthy drinking values and expectations within the family and community.[6]

5) AADAC (1999) Quick Facts About Alcohol, Other Drugs and Gambling.
6) AADAC (1994) Overview of the Literature on Genetics of Alcoholism.

DRUG HAZARDS 1 OF 2

WHEN PEOPLE USE alcohol or other drugs, they are usually thinking of the positive effects that the substance is going to give them. They don't usually think of the hazards or negative consequences that can occur, but there are hazards associated with the use of any drug. Sometimes there can be hazards (known as side effects) from legally prescribed drugs. Other times there are hazards resulting from misuse or abuse of drugs, legal or illegal. The following are some common hazards associated with most classes of mood-altering drugs:

Safety Hazards

All psychoactive (mood-altering) drugs can reduce physical coordination, distort the senses or impair judgment. These can lead to safety risks, especially if the user drives a vehicle or operates machinery.

Legal Risks

Driving while intoxicated, or using illegal drugs, can result in legal charges, penalties, and a criminal record that can have a significant impact on a person's life.

HIV/AIDS Risk

Drug users who inject drugs with shared or non-sterile hypodermic needles risk getting infected with HIV or serum hepatitis. Drinking and other drug use impair a person's judgment and lower inhibitions. This can result in not using safe-sex precautions.

Mental Health Hazards

Some drugs can cause short-term confusion, anxiety or severe mental disturbance (as in a "bad trip"). In the long term, drug abuse can lead to personality disturbances, learning problems and loss of memory. Mental health risks are especially high for young users.

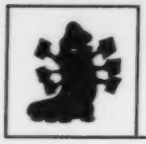
Physical Health Hazards

All mood-altering drugs have physical effects other than those for which they are used. Some of these may be very damaging to the body. Any drug that is smoked can cause lung damage, alcohol abuse can cause liver damage, and injecting drugs with dirty needles can lead to hepatitis or HIV infections.

Overdose

An overdose is a dose that can cause serious and sudden physical or mental damage. The body's systems are overloaded and cannot cope with the amounts, and sometimes, the combination of drugs present. An overdose may or may not be fatal.[7]

7) Health Canada. (2000). Straight Facts About Drugs and Drug Abuse



DRUG HAZARDS 2 OF 2

Tolerance

With regular use over time, the body gets used to having alcohol or other drugs in it. This means that after using for awhile, more and more of the substance is needed to obtain the same effect. Tolerance increases the risk of overdose in two ways. First, with some drugs the body may not develop tolerance to all the effects of the drug. When larger doses are used to achieve the desired mood-altering effects, the result may be an overdose due to the physical effects of the drug.

Second, if the drug has not been taken in a long time, tolerance may decrease and the usual dose may be enough to cause an overdose.

Victimization

While under the influence of alcohol or other drugs, a person's chances of being sexually assaulted, having unprotected sex, or being involved in violence increases.

Did you know that ...?

DEPENDENCY DEFINED

Dependence on a drug can either be psychological, physical, or both.

PSYCHOLOGICAL DEPENDENCE occurs when a person believes that their thoughts, emotions and activities would be less satisfying or even impossible without alcohol or other drugs.

PHYSICAL DEPENDENCE occurs when a drug user's body becomes so used to alcohol or other drugs that it can function normally only when the alcohol or drug is present.

DRUG ABUSE is any use of a drug that causes a problem. The problem can be physical, mental, social, or economic in nature. Any drug can be abused, either on purpose or accidentally. There are several types of drug abuse:

- **Too Much** Taking too much of the drug at one time, or taking small doses too often. This can result in problems ranging from harmful or fatal overdoses to addiction.
- **Too Long** Taking a drug regularly for a long period of time, long after it is needed (e.g. a person recovering from surgery may continue to take painkillers even when they no longer need them).
- **Wrong Use** When a drug is taken for the wrong reason or taken without following instructions (e.g. taking someone else's medications or not taking the drug properly).
- **Wrong Combination** When a drug is taken in combination (either knowingly or unknowingly) with certain other drugs. These combinations can cause unwanted and unexpected effects, or even death.
- **Wrong Drug** A few drugs have few legitimate uses and can have unpredictable consequences, e.g. Peyote (magic mushroom). These drugs can cause serious problems no matter how or when they are taken. With these drugs, there is no difference between abuse and use. To use them is to abuse them.
- **The Most Abused Drugs** The drugs that are most often abused are the mood-altering drugs. Excluding prescription drugs, the most abused drugs are (in order): caffeine, alcohol, nicotine and cannabis.

© AADAC (1996) Information Series

CYCLE OF DEPENDENCY

Having an alcohol or other drug problem can be like being caught in a whirlpool. Here's how alcohol or other drug use can become a problem:

- alcohol or other drugs provide quick, short-term ways to manage experiences or problems
- using alcohol or other drugs is an easy way to temporarily deal with a situation, but in using these substances, coping skills such as communication skills, relationship skills are not developed, or maintained
- more time is spent using alcohol or other drugs to help manage experiences and emotions
- alcohol or other drug use becomes more attractive and is easier than learning new coping skills, and so a cycle develops
- amount of alcohol or drug used increases—seeking the same high; may switch substances to try to get the high back
- tolerance increases.

The cycle is different for each person. One example may be that a person starts to use alcohol or other drugs to fit in with other people. Alcohol or drugs make it easier to be around others and seem to get rid of shyness. Instead of developing social skills without the use of alcohol or drugs, a person may become dependent on substances to "loosen up" when around others. Because of the alcohol or drug use, a person may not learn all of the skills needed to deal with other people or handle experiences. Heavy use may prevent someone from learning the skills necessary to cope with life situations without using alcohol or other drugs.

THE CYCLE OF DEPENDENCY

May Start Here:

1. Difficulty in managing experiences/ emotions—use drug—quick, easy effects (short-term)

2. Increase time using drug—decrease time using skills to manage—skills erode (not used)

3. Skills erode (not used)

4. Back again to difficulty in managing experiences/emotions

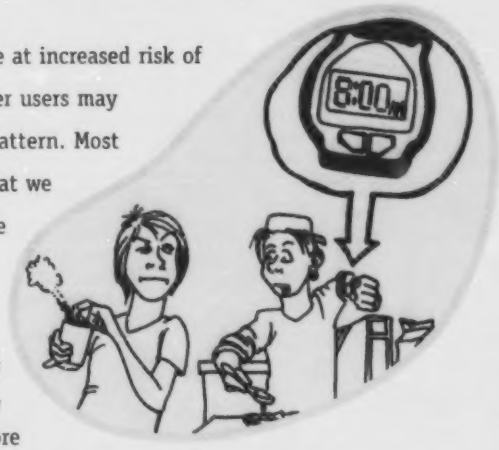
CONTINUUM OF USE

Describe to your client, using the visual representation of the continuum, the various stages. Explain that it's not all black and white or distinct lines between stages; more often it's a gradual change, and one that happens before you realize it. Once each stage is explained thoroughly, ask your client to identify where they believe they are at on the continuum and why. Sometimes it's helpful to have completed a screening tool such as the Personal Experience Screening Questionnaire (PESQ) prior to having them do this. They would have some concrete information on which to base their decision as it also provides a good explanation of their PESQ score.

CONTINUUM OF USE
Problems associated with use

No Use	Use	Misuse	Abuse	Dependency
No use of alcohol or drugs. Reasons include: · Don't like taste. · Don't like what it does to their body. · They are minors. · It's against their religious beliefs.	Using a chemical to enhance an already pleasurable event. Experimental use—to see what it's all about. Social or occasional use. Few, if any, negative consequences.	Person begins to have occasional problems: · Getting drunk when they hadn't intended to. · Family/friends upset. · Do something they regret/embarrassing. · Get caught with drugs (home, school, police). · Poor school performance due to decreased concentration.	Regular problems. Increased use—amount and frequency. Chemicals interfere with their life. Family/parents concerned, controlling. School performance drops, may be suspended or expelled. Legal complications. Money problems. Loss of leisure interests except chemical use. Starting to become consumed with where and how they are going to obtain alcohol/drugs.	Person has lost control over the ability to use or not to use. Using chemicals despite the negative consequences. Negative consequences are occurring more and more frequently and are increasing in intensity. Physical tolerance, withdrawal, cravings, decreased physical health.

LEVELS OF DRUG USE



DRUG USE CAN RANGE on levels from no use to addiction. All people are at increased risk of developing problems when they are using alcohol or other drugs. Heavier users may return to recreational use, but there is a risk of forming a destructive pattern. Most of our understanding of drug use problems and patterns is based on what we know about alcohol. Each person's pattern of use is individual, there are many different patterns. Here is one example of levels of use.

1. NO USE • Some people do not use drugs for religious, medical, or ethical reasons. Others make this decision because they have had previous problems or are knowledgeable about the consequences of use.

2. USE • At this level, someone tries a drug to see what it's like. This may be, for example: because they are curious, enjoy taking risks, are responding to peer influence, or want to rebel against their parents or other authorities. • This experience may or may not lead to further use, depending on whether the experience is positive or negative, or whether the person is being influenced by friends to use.

3. OCCASIONAL USE • This describes occasional use without major problems. A person may use because of particular events (e.g. parties), once in a while to seek thrills, or for acceptance from peers. • At this level, people are aware of the effects the alcohol or drug use will provide, but they are not necessarily actively seeking those effects. • Occasional use may also be a glass of wine with dinner or a drink with friends.

4. MISUSE • Use at this level may produce some problems. • Misuse means that a person may over-use at times. • At this level, a person could start to actively seek out the effects of the drug. For example, the person may start to have a drink on a regular basis to relax, to stop bad feelings, to feel good, or to relieve boredom. • Use is becoming a "habit," a regular part of life. • Use may progress to more serious use, people can develop a binge pattern, or a steady use pattern, or may alternate among several patterns of use. For example, the person may drink heavily on weekends or when not working, and then not drink for a period of time, or they may have a pattern of regular use, drinking daily.

5. ABUSE • At this level, there is an increasing focus on use. People use more often, even though there are harmful consequences such as impaired driving, or problems with family, work, school or money. • The person uses to cope. Most of their friends use. They experience cravings and think a lot about getting high. They may feel anxious or depressed.

6. DEPENDENCY • At this level, there are regular and increasing problems with family, friends, job, school, money, or the law. • The drug is used to make the user feel normal, and to handle day-to-day situations. • The person loses control over when and how much the drug is used on all occasions. • The person will go to great trouble to protect their drug supply. They will ensure that they will always have the drug available or know where they can get it. • Thoughts about drugs, getting drugs, and using drugs occupy most of their time and energy.

CONTINUUM OF USE

Identify where you believe you are at on the continuum and why.

CONTINUUM OF USE

Problems associated with use

Use	Misuse	Abuse	Dependency
❒ Using a chemical to enhance an already pleasurable event. ❒ Experimental use—to see what it's all about. ❒ Social or occasional use. ❒ Few, if any, negative consequences.	Person begins to have occasional problems: ❒ Getting drunk when they hadn't intended to. ❒ Family/friends upset. ❒ Do something they regret/embarrassing. ❒ Get caught with drugs (home, school,police). ❒ Poor school performance due to decreased concentration.	❒ Regular problems. ❒ Increased use—amount and frequency. ❒ Chemicals interfere with their life. ❒ Family/parents concerned, controlling. ❒ School performance drops, may be suspended or expelled. ❒ Legal complications. ❒ Money problems. ❒ Loss of leisure interests except chemical use. ❒ Starting to become consumed with where and how they are going to obtain alcohol or drugs.	❒ Person has lost control over the ability to use or not to use. ❒ Using chemicals despite the negative consequences. ❒ Negative consequences are occurring more and more frequently and are increasing in intensity. ❒ Physical tolerance, withdrawal, cravings, decreased physical health.

SCREENING/ASSESSMENT

Screening is the first step in accurately identifying clients who require further assessment of their alcohol or other drug use. A screening tool is a collection of questions that helps to determine whether or not alcohol or other drug use is a problem.

Assessment focuses on the major life areas that are being affected by the alcohol or other drug use. Assessment is a mutually cooperative process between the client and counsellor and it can serve both a motivational and an investigative function.

The process of screening and assessment may be completed in one session or it may take two or more sessions. Some counsellors may use the first session to get to know the client, with the screening/assessment appointments scheduled when the client agrees to participate. Other counsellors start the first session with screening and progress more slowly through the assessment process.

Screening/assessment tools are included in this section. In the precontemplation stage of change, the assessment process may help the client to become aware of the extent of their use of alcohol and other drugs and how their use is affecting major life areas. Counsellors must use their discretion in deciding the type and number of screening tools to use. Using too many screening tools may overwhelm the client, while providing little additional useful information.

Counsellor ⊶TIP

WHEN REFERRAL IS NECESSARY

During screening and assessment, some issues may come up which require referral to more appropriate agencies. Always consider referral, if possible, when the following circumstances are displayed by the client:

- suicide potential
- physical health problems
- mental illness (e.g. depression)
- legal problems
- vocational/educational problems
- interpersonal/family problems

There are situations that may need referral. Make them when necessary.[9]

9) ARF (1991) Youth & Drugs: an Education Package for Professionals. Workbook Units 4 & 5

READINESS TO CHANGE QUESTIONNAIRE[2]

Circle the number of the statement that best describes the way you are feeling about your situation today.

1. I am not worrried about my use of alcohol or other drugs, and I am here only because someone else requested I come.

2. I am not sure if I have a problem with alcohol or other drugs.

3. I know I have a problem with alcohol and other drugs, but I am not sure how to change it.

4. I am ready to make changes, and I am here to get help to make those changes.

5. I have already made the changes I need to make and I want help to maintain those changes.[2]

2) Rollnick, S., and Miller W. (1991). Motivational Interviewing. (Adapted with permission)

CURRENT ALCOHOL AND OTHER DRUG USE INVENTORY

Work with the chart to figure out how much you drink, and what happens when you drink. This will help you see what your pattern of use is and begin to understand how your alcohol use is affecting your life.[4]

Consumption	Past 30 days	Consequences	Past 30-60 days	Consequences	Past 61-90 days	Consequences
0 Drinks						
1-3 Drinks						
4-6 Drinks						
7+ Drinks						
More						

Remember:

One standard drink of beer is 341 ml.
One standard drink of wine is 142 ml. There are 5.3 standard drinks in a 750-ml bottle of wine.

One standard drink of spirits is 43 ml. There are 8.7 in a 375 ml bottle; 17.4 in a 750-ml bottle, and 26.5 in a 1.14-L bottle.

Note: Drinks served at parties usually contain more alcohol than a standard drink.

Pattern of use for drugs used

Which drugs do you use?

Completing this chart will help you understand your pattern of drug use, what you use most often, and what happens to you when you use.

Primary Drugs Used: (in order of most used first)	Daily (5 or more days/week)	Weekly (1-4 Days/week)	Occasional (less than 1/ week)	Binges	Consequences
1.					
2.					
3.					

4) AADAC (1998) Tipping the Balance

Counsellor ⇝TIP

TRACKING SHEET TIPS

If your client is having difficulty keeping track of how much they use, or if they need to be more aware of how much they are using, this can be a helpful exercise.

The client completes the tracking sheet (pg.32) by filling out a line each time they use a drug (which means carrying the form with them), OR filling out the form weekly (which means they have to be able to remember when and where they used).

What do the columns mean?

Day	What was the date they used?
Time	What time of day did they use? (Approximate times will do.)
Substance used	What was it, e.g. pot, cocaine, alcohol?
How much	Amount of substance used.
Situation (where & who)	Where were they when they used? Who else was with them? If they were at a party, they could indicate who was actually using with them.
Feelings	How were they feeling prior to using? The list of feeling words at the bottom may be helpful to help them label what they were feeling at that time.
Consequences	What happened as a result of using?

From the tracking sheet comes a wealth of information about risky people, places and feelings, and an awareness of just how much this person is consuming.[10]

10) Southern Alberta Partners in the Prevention of Substance Abuse (SAPPSA) (1996). Futures.

TRACKING SHEET

TRACKING SHEET

DAY	TIME	SUBSTANCE USED	HOW MUCH	SITUATION (where were you & who were you with)	FEELINGS	CONSEQUENCES

FEELINGS

MISERABLE · DISAPPOINTED · CALM · LONELY

CONFUSED · WORRIED

POWERLESS · HYPER · JEALOUS

ANGRY · EXCITED · ANXIOUS · SAD

CURIOUS · REJECTED · LOVED · STRESSED · PARANOID · HELPLESS

HAPPY

HURT

BORED · AWKWARD · AROUSED · READY TO FIGHT · CONFIDENT

INSECURE · WORTHWHILE · DEPRESSED

ASHAMED · GUILTY · APPRECIATED

ANNOYED · CHEATED

FRUSTRATED · AFRAID

DRUG USE HISTORY CHART

Do this worksheet with your counsellor. Chart the drugs you use, using different colours for each type of drug.

Instructions:

1. Using the colours given, write in the drugs used in the appropriate colour.
2. Using each colour, mark in within the time on the chart how often you used each drug.
3. List the major life events that were taking place at each time on the chart.

COLOUR CODE	DRUGS USED
❒ blue	
❒ red	
❒ green	
❒ yellow	
❒ black	

	6 months ago	3 months ago	1 month ago	within the last 30 days
Multiple Daily				
Daily				
3-5 times per week				
Weekends				
4-6 times a month				
Once a month				
Experimental 1-2 times				
No use				

AGE FIRST USED:

SCREENING/ASSESSMENT QUESTIONNAIRE FOR COUNSELLOR

The following assessment questions can be used to gather information about your client's substance use/abuse. Try using this exercise in a more conversational style with the client. You could also give the sheet to the client to answer or give them a copy to use as homework.

- How old were you when you had your first drink of alcohol?
- Who were you with?
- What were you doing?
- Can you remember how you felt?
- Can you remember what you were thinking?
- What did you want to happen when you took your first drink?
- How old were you when you first used drugs besides alcohol?
- Which drug was the first drug you tried besides alcohol?
- Who were you with?
- What were you doing?
- Can you remember how you felt?
- Can you remember what you were thinking?
- What did you want to happen the first time you used drugs?
- When you are with your friends, is drinking or using other drugs part of what you do to help you "loosen up"?
- When you first started drinking and using other drugs, what kinds of activities would you be doing?
- How did you feel when you were sobering up?
- What did you hope the alcohol/drugs would do for you?
- What is your definition of a social drinker/drug user?
- How many different kinds of drugs (including alcohol) did you use when you first started to do drugs more often?
- How often did you use?
- How often do you use now?
- Is there a time that you use more (like during the weekend, holidays)?

- Has there been a change in your grades at school? (if attending)
- Have your parents ever bugged you about your grades or your school work?
- Have your parents ever complained about your drinking or other drug use?
- Have your friends ever complained about your drinking or other drug use?
- What kinds of things have your parents had to say about your friends?
- Do you see any changes in the way you take drugs now as compared to the first time you used?

ADOLESCENT ASSESSMENT

The assessment can consist of:

- *The Personal Experience Screening Questionnaire* (PESQ)[11]
- Treatment Goals Checklist

The PESQ is a 38-item self-report questionnaire for use with adolescents suspected of abusing alcohol or other drugs. The PESQ was developed by Ken C. Winters of the Center for Adolescent Substance Abuse. The PESQ provides a quick, accurate and empirically validated measure of substance abuse in 12- to 18- year-olds. It provides information in the following areas:

- drug use problem severity
- drug use frequency
- other mental/behavioral problems
- defensiveness (faking-good)
- infrequency (faking-bad, inattention)

The PESQ can be ordered from:

Western Psychological Services
12031 Wilshire Boulevard
Los Angeles, CA , USA 90025-1251
PH: 1-310-478-2061

TREATMENT GOALS CHECKLIST

The treatment goals checklist provides the counsellor with an indication of the client's treatment preferences in dealing with a substance abuse problem. It will help to make decisions about referral and about the approaches to take in sessions with the client. See page 104.

11) Winters, K. (1991). Personal Experience Screening Questionnaire.

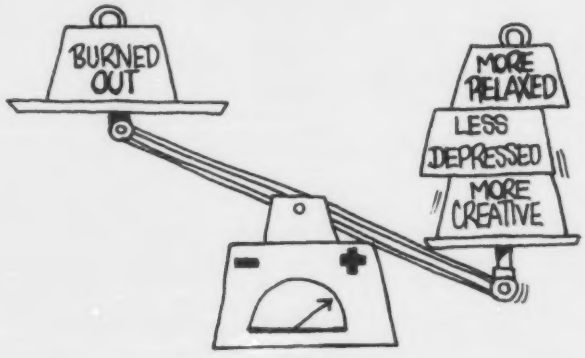
ON A SCALE FROM ONE TO TEN... 1 OF 3

1. How often am I under the influence of a drug? (remember, alcohol is a drug)

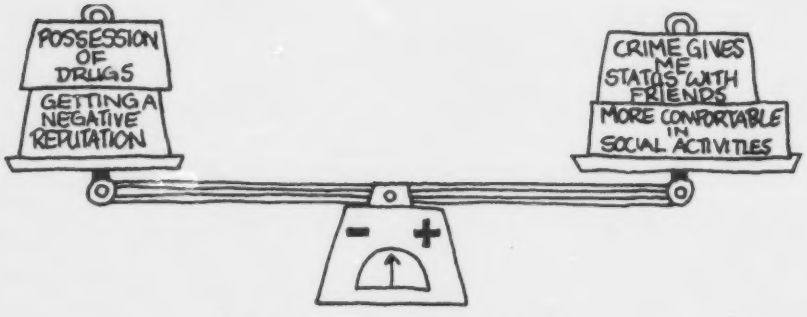
<-- - - -

ON A SCALE FROM ONE TO TEN... 2 OF 3

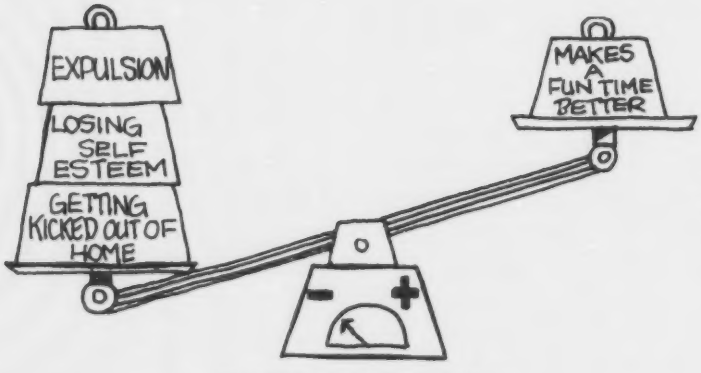
5. Which balance beam describes my use?



Positives outweigh negatives.


POSSESSION OF DRUGS
GETTING A NEGATIVE REPUTATION
CRIME GIVES ME STATUS WITH FRIENDS
MORE COMFORTABLE IN SOCIAL ACTIVITIES

Positives and negatives are about equal.



Negatives outweigh the positives.

ON A SCALE FROM ONE TO TEN... 3 OF 3

6. How concerned am I about my drug use?

<-- - - -

LEVELS OF DRUG USE

Check off the behaviours that you see in yourself then circle the stage of use you think you are at.

Stage of Use	Behaviours
No Use	❒ Never use alcohol or other drugs
Use	❒ Curiosity ❒ Risk-taking ❒ Peer pressure ❒ Defy parents
Occasional Use	❒ Parties ❒ Thrill seeking ❒ Acceptance by peers
Misuse	❒ Use drugs to feel good ❒ Use drugs to stop bad feelings ❒ Bingeing ❒ Experimenting with different drugs ❒ Grades affected ❒ Activities change ❒ Use drugs to relieve boredom or stress ❒ Escape bad feelings ❒ More fights with parents
Abuse	❒ Use more often ❒ Attempts to control use ❒ Use drugs to cope with life ❒ Most friends use drugs ❒ Crave drugs ❒ Think a lot about getting high ❒ Get irritable when drugs not available ❒ Feelings of anxiety or depression ❒ Physical tolerance develops
Dependency	❒ Getting high is the only thing in life ❒ Protect drugs ❒ Occasional efforts to control use ❒ Feel shameful and hopeless ❒ Self-centered ❒ Demanding of others ❒ Defensive ❒ Blaming ❒ Controlling others

HOW DO I COPE? 1 OF 2

WHILE USING ALCOHOL OR other drugs you may use or have used various coping tools. A coping tool is what you use to protect your feelings or to avoid dealing with a problem. Some common coping tools are explained below.

Denial

Denial means believing that you don't have a problem when you really do. Even when you are in trouble at home, at school, with your friends, or with the police. Denial happens when you believe you are telling the truth, when you have convinced yourself that what is happening isn't really so bad. That you are not really in trouble, and that you don't feel bad inside. You might tell yourself things like, "It's not so bad," "I didn't do it," "I don't have a problem, everyone else does," "I can stop using anytime I want to."

There are different ways that we use denial to help us deal with things that are hard to face. Sometimes it is hurt, guilt, or shame that we have a hard time facing...so it's easier to deny what is really going on in our lives. Sometimes we deny these things for so long that we start to feel anxious, depressed, hopeless, or suicidal and we might use drugs to help us with these feelings. Pretty soon, drugs also become a problem that we deny.

Minimizing

This is when you admit you use drugs/alcohol, but you do things or say things to make it seem like you use less than you really do. You also make other people's drug/alcohol use appear bigger or more than your drug/alcohol use so that your use seems like less. You might say..."My friends use way more than I do, and they don't have a problem."

Blaming

This happens when you say that other things are the real problems in your life, not your drug/alcohol use. You might blame your parents, friends, teachers, etc. for the problems that you are having in your life...everything but your drug/alcohol use. You might hear yourself saying, "It's my parents fault, they made me mad," "If my friends weren't doing drugs then I wouldn't either."

Justifying

This happens when you believe that you can't be expected to stop using because of the way things are in your life. You use the circumstances in your life to make using drugs OK. Someone who is justifying their drug/alcohol use might say, "Well my parents kicked me out. I have no where to go. What do you expect me to do?" "I've got all this stuff happening in my life. You'd use drugs too if this was happening to you."

HOW DO I COPE? 2 OF 2

Challenging/Changing the Subject

When you find yourself saying things like..."What do you know about being an alcoholic/addict!" "Didn't you ever get high or drunk?" Using a challenge gets the subject of your drug use away from you and onto the person that is challenging you. You might be defiant and angry in order to cover up your true feelings about your drug/alcohol use. When someone confronts you about your drug or alcohol using behaviour, you might find yourself changing the subject because you feel uncomfortable talking about your use.

Anger

Using anger or hostility to make people back off and stop trying to get you to talk about the problem.

Intellectualizing

Avoiding emotional, personal awareness of the alcohol/drug problem by dealing with it on a level of generalization, intellectual analysis, or theorizing, e.g. "Drug use is so widespread in today's society, it's only normal for people to be using drugs. I bet if you did a survey, the majority of people would say they use or have used drugs in the past."

Humour

Overuse of humour to make light of something painful. Joking about your situation to take the focus off the real concern.

USING COPING TOOLS 1 OF 2

Write down the type of coping that is being described in the statements below.

1. "If Dave hadn't brought the stuff I never would have used."

2. "I just had all this money and I didn't know what to do with it, so when he asked, I just bought it."

3. "Leave me alone. I don't want to talk about this now!"

4. "I don't know what you're talking about."

5. "It's only one beer."

6. "Get out of my life!"

7. "If you would just get off my back, I'd have a whole lot less to worry about."

USING COPING TOOLS 2 OF 2

8. "You're one to talk, I remember what you were like last night."

9. "Listen—you're the one with the problem."

10. "I was talking on the 'Big White Telephone' last night."

ARE YOU "COPING"?

A coping tool is: _____

1. I use some of the following ways to cope in my life.

_____

_____

_____

2. My best friend would say I use the following coping tools.

_____

_____

_____

3. My family would say I use the following coping tools.

_____

_____

_____

4. What I can do to be more aware of when and how I use my coping tools?

_____

_____

_____

5. What I can do to reduce my use of unhealthy coping tools?

_____

_____

_____

6. Some of the healthier ways I cope in my life are:

_____

_____

_____

SECTION 2

Contemplation

Section 2 CONTEMPLATION

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IINTRODUCTION

This section includes exercises that will help the counsellor assist the client in progressing through the contemplation stage of change. From the first section, clients will have gained a greater awareness of substance abuse issues and the extent of their use. At the contemplation stage, clients are open to gaining more information about their problem. They want to change but at the same time there is resistance to change. The task in this section is for the counsellor to help the client tip the decisional balance: evoke within the client reasons to change and point out the risks of not changing. To help do this, exercises focus on having clients evaluate the positives and negatives of using and not using, exercises on self-esteem issues and the initial issues regarding change.

For more information consult the following AADAC resources:

AADAC Youth Services Teen Tip Sheet – "*I Want to Change, But...*"

Poster – *Climbing Wall of Life*

Counsellor TIP

Self-reflective exercises can result in a disclosure from a client. You could use the exercise on the next page with clients who use alcohol and other drugs to deal with feelings.

DRUG USE INVENTORY

Using the table, please check the drugs you use and have used and the patterns of use in the last 12 months.[12]

1. Circle the name of the drug(s) that you prefer.
2. Shade in the boxes for the drug(s) that you think you may have a problem with.

	Never used	Used	Not used this year	Daily 5+ days/week	Weekly 1-4 days/week	Less than once/week	Once a month	Binges/ runs
Alcohol								
Cannabis (pot, hash)								
Hallucinogens (LSD, mushrooms)								
Cocaine (crack)								
Heroin, opiates (codeine, Tylenol®)								
Uppers (speed, ice)								
Inhalants (glue, gas, solvents)								
Tobacco								
Caffeine								
Prescription drugs								
Club drugs								
Gravol								
Other								

12) Tarter, Ralph, Dr. (1991) Drug Use Screening Inventory (DUSI) (Adapted with permission)

TRACKING SHEET 1 OF 2

Record your alcohol or other drug use for a two-week time period.

TRACKING SHEET

Day	Time	Substance used	How much	Situation (where were you? who were you with?)	Feelings	Consequences

WORKSHEET

TRACKING SHEET 2 OF 2

FEELINGS[10]

Miserable	Excited	Helpless	Worthwhile
Disappointed	Anxious	Bored	Depressed
Calm	Sad	Happy	Guilty
Lonely	Confused	Hurt	Appreciated
Worried	Curious	Awkward	Annoyed
Powerless	Rejected	Aroused	Cheated
Hyper	Loved	Ready to fight	Frustrated
Jealous	Stressed	Confident	Afraid
Angry	Paranoid	Insecure	

1. On the days that you weren't using, what did you do instead?

_____

_____

_____

2. How did you feel on those days?

_____

_____

_____

3. List three more things you could do instead of using alcohol or other drugs.

1) _____

2) _____

3) _____

Additional Resource: AADAC Poster: *101 Ways to Stay Clean and Sober.*

10) SAPPSA. (1996). Futures. (Adapted with permission)

DRINKING/USING SITUATIONS

Some people find themselves more likely to drink or use other drugs when they are in certain situations. Answer the following questions by indicating how sure you are that you would drink or use other drugs in the following situations. On a scale of 1 - 5 (5 means you are extremely sure you would use, 1 means you are sure that you would not use drugs or alcohol).

5 - extremely sure I would use

4 - very sure

3 - fairly sure

2 - would probably not use

1 - positive that I would not use

How sure are you that you would drink or use other drugs in these situations?

	Not Use				Use
1. When I crave a drink or other drugs.	1	2	3	4	5
2. When I'm having a bad day.	1	2	3	4	5
3. When I'm with friends who are drinking/using.	1	2	3	4	5
4. When I'm having problems with my family.	1	2	3	4	5
5. When I'm at a party.	1	2	3	4	5
6. When I'm under stress.	1	2	3	4	5
7. When I see someone else drinking or using other drugs.	1	2	3	4	5
8. When I need to feel better or "escape" a situation.	1	2	3	4	5
9. When I'm bored.	1	2	3	4	5
10. When I'm worried or anxious about something.	1	2	3	4	5

PROS AND CONS

Change can be one of the most exciting events in a person's life or it can be one of the hardest and scariest. For many people, the decision to stop using alcohol and other drugs is a good example of a challenging change in lifestyle.

Probably the best place to begin when you're thinking about quitting alcohol and other drugs is taking a look at the good things, and not-so-good things, about using and not using.

In the columns below, list your reasons under each heading. When you're finished, it should give you a clearer idea of what kind of changes you need to make.

Good things about:	Not-so-good things about:
Using:	Using:
Not using:	Not using:

GOOD THINGS ABOUT USING

Check off some of the more positive things alcohol or other drug use has created in your life.

PHYSICAL:

- ❒ feel more relaxed
- ❒ helps me sleep
- ❒ makes me hyper, energized
- ❒ relieves withdrawal
- ❒ cures hangover/burned-out
- ❒ gives me a rush/high
- ❒ dulls pain
- ❒ other:

EMOTIONAL:

- ❒ feel calmer
- ❒ numbs me out
- ❒ feel less bored
- ❒ feel happy
- ❒ feel less nervous
- ❒ less depressed, sad
- ❒ other:

LEGAL:

- ❒ make money selling drugs
- ❒ doing crime makes money
- ❒ crime gives me status with friends
- ❒ I love my probation officer
- ❒ I don't mind jail that much
- ❒ other:

ACADEMIC:

- ❒ school's more fun
- ❒ makes me feel smarter
- ❒ get better grades
- ❒ concentrate better
- ❒ other:

SOCIAL/FAMILY RELATIONSHIPS:

- ❒ more popular, more friends
- ❒ more comfortable in social activities
- ❒ makes a fun time better
- ❒ able to ignore family
- ❒ forget social or family problems
- ❒ other:

SELF:

- ❒ cope better with stress
- ❒ increases self-esteem
- ❒ feel more creative
- ❒ satisfies need for risk
- ❒ opens my mind
- ❒ other:

NOT-SO-GOOD THINGS ABOUT USING 1 OF 2

Check off the not-so-good things drug use has created in these life areas.
Remember: *alcohol is a drug*!

PHYSICAL:

- ❒ weight change
- ❒ change in sleeping patterns
- ❒ "burned-out," lack of energy
- ❒ lack of motivation/desire to do things
- ❒ pass out
- ❒ black out
- ❒ fuzzy memory
- ❒ poor fitness
- ❒ cough, chest pain
- ❒ flashbacks
- ❒ sick, stomach pain
- ❒ change in appetite
- ❒ poor complexion
- ❒ eating frenzies
- ❒ nightmares
- ❒ overdose
- ❒ other:

LEGAL (WHETHER CAUGHT OR NOT):

- ❒ doing crime while high or drunk
- ❒ stealing from family, friends, strangers
- ❒ drinking and driving
- ❒ possessing drugs
- ❒ selling drugs
- ❒ increasing contact with police
- ❒ doing crime to get money to pay for drugs
- ❒ getting arrested and sentenced to probation, open custody, or closed custody
- ❒ getting alternative measures or a fine
- ❒ other:

SELF:

- ❒ letting problems pile up
- ❒ spending too much money
- ❒ losing self-esteem
- ❒ losing self-respect
- ❒ getting negative reputation
- ❒ being known to friends as "stoner," "boozer"
- ❒ coping through drugs
- ❒ unable to get natural highs from sports, hobbies
- ❒ other:

EMOTIONAL:

- ❒ embarrassed
- ❒ moody
- ❒ aggressive
- ❒ anxious
- ❒ depressed
- ❒ paranoid
- ❒ bored
- ❒ confused
- ❒ angry
- ❒ ashamed
- ❒ other:

ACADEMIC:

- ❒ losing interest in school
- ❒ drop in grades
- ❒ using during school
- ❒ increased skipping
- ❒ can't concentrate
- ❒ suspension for use or skipping
- ❒ expulsion
- ❒ dropped out
- ❒ can't get up in the morning
- ❒ other:

NOT-SO-GOOD THINGS ABOUT USING 2 OF 2

SOCIAL/FAMILY:

- ❒ getting negative reputation
- ❒ loss of old friends
- ❒ secret friends or activities
- ❒ loss of interest in hobbies, sports
- ❒ embarrassed about behaviour
- ❒ heavy using peers
- ❒ unwanted sex while high or drunk
- ❒ increased conflict with others
- ❒ lying to others
- ❒ stealing from others
- ❒ communication problems
- ❒ arguing more with family
- ❒ withdrawn from family activities
- ❒ losing privileges at home, grounded
- ❒ getting kicked out of home
- ❒ pawning family property
- ❒ other:

ADDICTION WARNING SIGNS:

- ❒ takes more to get the same effect
- ❒ regular use
- ❒ frequent use
- ❒ play down or deny problem
- ❒ can't cut down or quit
- ❒ withdrawal discomfort, blackouts
- ❒ use despite negative consequences or complaints of others
- ❒ other:

Look back at how many good things you checked off and how many not-so-good things you checked off that are a result of your alcohol and other drug use.[4]

What do you think about what you just learned?

4) AADAC. (1998). Tipping the Balance

THINKING ABOUT MY DRINKING OR OTHER DRUG USE...

1. What I get out of drinking or using other drugs is:

2. The problems I don't have to think about when I'm drinking/using are:

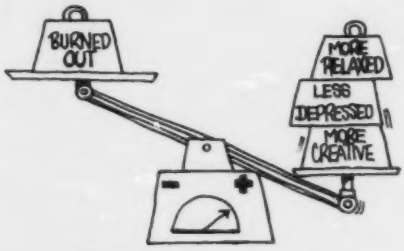
3. When I drink/use I feel:

4. When I'm not drinking/using I feel:

THE BALANCE BEAM—TIPPING THE BALANCE 1 OF 3

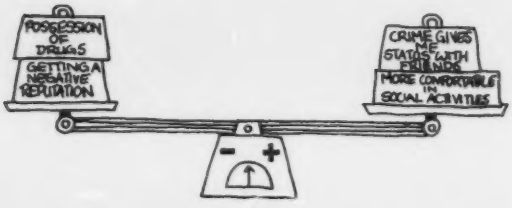
If we think of substance use in terms of a balance beam, this is what it would look like. In **diagram #1**, the positive things about substance use outweigh the negatives, so a person is getting more good things out of their use than bad things. In **diagram #2**, the good and not-so-good things are about equal, so there are a lot of good things, but there are also as many less good things about their use. In **diagram #3**, the bad things are outweighing the good, so more bad things are happening because of their use than good things. Circle the diagram that you think best describes where you are at now with your substance use.

#1



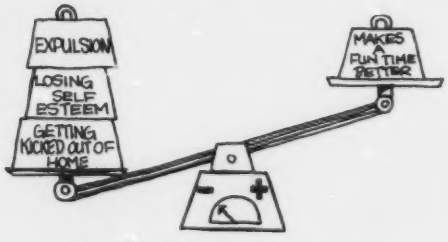
Positives outweigh negatives.

#2


POSSESSION OF DRUGS
GETTING A NEGATIVE REPUTATION
CRIME GIVES ME STATUS WITH FRIENDS
MORE COMFORTABLE IN SOCIAL ACTIVITIES

Positives and negatives are about equal.

#3



Negatives outweigh the positives.

THE BALANCE BEAM—TIPPING THE BALANCE 2 OF 3

Balance #1

USE:

The first state is when the positive consequences of drug use outweigh those that are negative. With adults, this would be described as "social use," where the user experiences the positive consequences of use with a minimum of negative consequences. The vast majority of people would fall into this category.

Balance #2

MISUSE:

The second picture is where the negative consequences are becoming more "weighty" and the positive ones are becoming less so. A user at this stage is still experiencing some of the positive effects of the drug, but is also having to cope with increasing negative effects. At this point, the positive consequences from the drug use may have changed over time, e.g. from having fun, to coping with problems.

Balance #3

ABUSE:

A very small group of users over time may reach a final balance beam situation where the negative effects of mood-altering substances greatly outweigh the positive ones. There are very few positive consequences remaining and the negative consequences can be very overwhelming.

For each person's life area, the positive and negative effects may be different. For example, you might experience a number of negative effects in your school and family life while at the same time continue to experience positive effects in the areas of emotions or relationships with friends.

At any point an individual may be at a different balance beam for different drugs as well. For example, you might be at the "abuse" level for one drug while at "misuse" for another.[4]

4) AADAC (1998) Tipping the Balance

THE BALANCE BEAM—TIPPING THE BALANCE 3 OF 3

Top three positives and three negatives.

1. What are the three most desirable things that you get out of using?

2. What are the three things you worry about happening when you use?

DESCRIBE A TYPICAL DAY[2] 1 OF 2

1. During the week:
   (What time do you get up, what time do you eat, what do you do during the day, where and when does alcohol or other drug use fit it?)

2. During the weekend:
   (What time do you get up, what time do you eat, what do you do during the day, where and when does alcohol or other drug use fit it?)

3. When you think about how you spend your day, is there anything you would like to change?

2) Rollnick, R., and Miller, W. (1991). Motivational Interviewing: Preparing People to Change Addictive Behavior. (pp. 101).

DESCRIBE A TYPICAL DAY 2 OF 2

4. If you could make any changes in your life, what are five things that you would change?

1. _____
2. _____
3. _____
4. _____
5. _____

5. What kinds of things are preventing you from making those changes?

_____

_____

_____

_____

6. What would you have to do to make those changes possible?

_____

_____

_____

_____

7. When you're not using drugs, what are you doing instead?

_____

_____

_____

_____

WHO AM I REALLY?[13] 1 OF 2

I am... _____

All my life I have wanted to... _____

I feel most liked when... _____

_____

I get angry when... _____

_____

My biggest fear is... _____

_____

Other people think I am... _____

_____

I feel strongest when... _____

_____

I feel good when I remember... _____

_____

When I'm alone I feel... _____

_____

13) AADAC. (1997). Treatment Tools: A Resource for Counsellors Treating Problem Gambling.

WHO AM I REALLY? 2 OF 2

I was the type of child who... _____

_____

Most people don't know that I... _____

_____

I feel least like me when... _____

_____

Never, ever, refer to me as a... _____

_____

The worst part of me is... _____

_____

_____

The best part of me is... _____

_____

_____

SELF-ESTEEM EXERCISES[13] 1 OF 2

1. Think of a positive message given to you as a child. Who gave you that message and how did the message affect you?

2. What negative messages did you receive as a child?

   1) Write some of them down.

   2) Write the name of the person who gave you that message.

   3) Change the message to one that would have been helpful to you.

Example:

NEGATIVE MESSAGE	PERSON	CHANGED MESSAGE
You'll never amount to anything.	*Uncle*	*You can be anything you want to be.*

13. AADAC. (1997). Treatment Tools.

SELF-ESTEEM EXERCISES 2 OF 2

3. Put the changed message on your mirror, fridge, etc. and "creatively dispose of " the negative message (shred, burn, flush down the toilet). Some people really like this activity!

4. List how a person with high self-esteem:

   a. Thinks _____

   b. Feels _____

   c. Behaves _____

5. How do you want to:

   a. Think? _____

   b. Feel? _____

   c. Behave? _____

WHAT'S THE SCORE?[14] 1 OF 3

Put an **X** on the line to indicate where you are on the scale from 1-10.

Attractiveness: I am...

1	2	3	4	5	6	7	8	9	10
VERY ATTRACTIVE				AVERAGE					VERY UNATTRACTIVE

Self-confidence: I have...

1	2	3	4	5	6	7	8	9	10
MUCH SELF-CONFIDENCE				AVERAGE					LITTLE SELF-CONFIDENCE

Personality: My personality is...

1	2	3	4	5	6	7	8	9	10
PLEASANT				AVERAGE					VERY UNATTRACTIVE

I get along with others of my own sex...

1	2	3	4	5	6	7	8	9	10
VERY WELL				OKAY					VERY BADLY

I get along with people of the opposite sex...

1	2	3	4	5	6	7	8	9	10
VERY WELL				OKAY					VERY BADLY

14) Nowinski, J. (1990) Substance Abuse in Adolescents and Young Adults. (pp. 140-141).

WHAT'S THE SCORE? 2 OF 3

Relationships with adults: I get along with adults...

1 2 3 4 5 6 7 8 9 10

VERY WELL — OKAY — VERY BADLY

Appearance: My personal appearance is...

1 2 3 4 5 6 7 8 9 10

NEAT AND CLEAN — AVERAGE — UNCLEAN AND SLOPPY

Intelligence: I am...

1 2 3 4 5 6 7 8 9 10

INTELLIGENT — AVERAGE — UNINTELLIGENT

Grooming: My personal grooming habits are...

1 2 3 4 5 6 7 8 9 10

GOOD — AVERAGE — POOR

Personal Character: I am basically a...

1 2 3 4 5 6 7 8 9 10

GOOD PERSON — AVERAGE PERSON — BAD PERSON

Talents: I have...

1 2 3 4 5 6 7 8 9 10

MANY TALENTS — SOME TALENTS — NO TALENTS

Expect a Miracle

Be optimistic about your life and what will come of it.

WHAT'S THE SCORE? 3 OF 3

Coordination: Physically, I am...

1 2 3 4 5 6 7 8 9 10

VERY COORDINATED — AVERAGE — VERY UNCOORDINATED

Popularity: Most people...

1 2 3 4 5 6 7 8 9 10

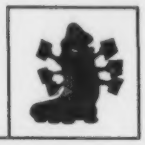
LIKE ME A LOT — ARE NEUTRAL ABOUT ME — DISLIKE ME STRONGLY

Self-esteem: If I could make myself over, I would be...

1 2 3 4 5 6 7 8 9 10

EXACTLY AS I AM — A LITTLE DIFFERENT — TOTALLY DIFFERENT

What would I do to change each score?



UNMET NEEDS

IT HAS BEEN SAID that people turn to the addictive use of alcohol and/or drugs to make up for something that is missing in their lives, an "unmet need." This means that people may use alcohol/drugs to feel better about themselves if they have low self-esteem; if they were abused and don't know how to deal with the abuse; if they have other problems that they want to try to forget; or if they grew up in a home where they saw alcohol or other drug abuse on a regular basis.

When people have problems, they may find that alcohol or other drug use helps them to feel good about themselves, they feel they "belong" in a group of other users or drinkers, and they don't have to deal with their problems while drunk or high. Being able to forget problems and feel good temporarily may make people think that alcohol or other drugs are helping them and that they need to use in order to feel normal and to cope. Of course, when they are not using, the old problems and bad feelings return and eventually some people realize that the alcohol and other drugs aren't really helping them. In a lot of cases the use of alcohol and other drugs is making things worse. Without substances, people need to find other ways to deal with those "unmet needs." That may mean getting counselling for abuse, finding something they are really good at that will help increase their self-esteem, and finding ways other than alcohol and other drug use to help deal with their problems.

These are different life areas that people have needs in: spiritual, physical, social, leisure, emotional, career or school.

The needs in each area will be different for each person. Some people may have fewer needs in certain areas, but those needs have to be dealt with. If those needs aren't dealt with, the person may have difficulty living their life free of alcohol and other drugs. When shortcuts are taken to meet these needs, the skills to meet them in healthy ways are lost. Remember the cycle of dependency that was discussed earlier?

Just staying away from the drinking and using drugs doesn't necessarily improve life. Stopping drinking or using is not necessarily the key to solving problems. There are other things that need to be done to meet "unmet needs." Here's a chance to figure out what some of those things might be.[13]

13) AADAC. (1996). Treatment Tools

WORKSHEET

AM I MEETING MY NEEDS? 1 OF 2

This worksheet has two parts. Go through the worksheet the first time and circle on the scale how you think you are meeting your needs. Then go back, and under Type of Need, pick out which area(s) of your life these needs meet. Choose from *Physical, Emotional, Intellectual, Spiritual, Social,* and *Leisure,* or add your own. The first one is done for you.[15]

						TYPE OF NEED
Example: **Do you usually get six to eight hours of sleep?**	**NEVER**	**SELDOM**	**SOMETIMES**	**OFTEN**	**ALL THE TIME**	*physical*
Do you eat fresh food every day?	NEVER	SELDOM	SOMETIMES	OFTEN	ALL THE TIME	
Do you go outside and get some fresh air every day?	NEVER	SELDOM	SOMETIMES	OFTEN	ALL THE TIME	
Do you get enough sunlight, especially in the winter?	NEVER	SELDOM	SOMETIMES	OFTEN	ALL THE TIME	
Do you drink enough water?	NEVER	SELDOM	SOMETIMES	OFTEN	ALL THE TIME	
Do you see a doctor and dentist at least once a year?	NEVER	SELDOM	SOMETIMES	OFTEN	ALL THE TIME	
Do you know enough about your body and health needs?	NEVER	SELDOM	SOMETIMES	OFTEN	ALL THE TIME	
Do you get enough exercise?	NEVER	SELDOM	SOMETIMES	OFTEN	ALL THE TIME	
Are you hugged enough?	NEVER	SELDOM	SOMETIMES	OFTEN	ALL THE TIME	
Do you spend time with friends and family?	NEVER	SELDOM	SOMETIMES	OFTEN	ALL THE TIME	
Do you have friends you can call when you're down, friends who really listen?	NEVER	SELDOM	SOMETIMES	OFTEN	ALL THE TIME	
Can you honestly ask for help when you need it?	NEVER	SELDOM	SOMETIMES	OFTEN	ALL THE TIME	

15) Louden, J. (1992) The Woman's Comfort Book: A Self-Nurturing Guide for Restoring Balance in Your Life

AM I MEETING MY NEEDS? 2 OF 2

TYPE OF NEED

Do you regularly get rid of negative emotions?
NEVER SELDOM SOMETIMES OFTEN ALL THE TIME

Do you forgive yourself if you make a mistake?
NEVER SELDOM SOMETIMES OFTEN ALL THE TIME

Do you do things that make you happy?
NEVER SELDOM SOMETIMES OFTEN ALL THE TIME

Do you take time to be by yourself?
NEVER SELDOM SOMETIMES OFTEN ALL THE TIME

Can you remember the last time you laughed until you cried?
NEVER SELDOM SOMETIMES OFTEN ALL THE TIME

Do you ever accept yourself for who you are?
NEVER SELDOM SOMETIMES OFTEN ALL THE TIME

Do you have enough entertainment in your life (movies, dances, music, etc.)?
NEVER SELDOM SOMETIMES OFTEN ALL THE TIME

Are you getting the education you need or want?
NEVER SELDOM SOMETIMES OFTEN ALL THE TIME

WORKSHEET

Hugs, not Drugs
For many people with an alcohol/drug problem, the drugs were a people substitute. Now its time to get what you need from people: affection, attention, understanding, hugs.

HOW TO MEET MY NEEDS

Write down some things you think you need to do in each area (Spiritual, Physical, etc.) to have a happier, more satisfying life. You may not be able to fill in all of the areas at this time.[13]

Examples: **physical:** *I need to eat properly, get enough sleep, start exercising, etc.*

Physical:

_____

Spiritual:

_____

Work/School:

_____

Social:

_____

Emotional:

_____

Leisure:

_____

Pick two or three of the needs that you want to work on.
What can you do to move up the scale?

_____

_____

_____

_____

_____

13) AADAC (1997) Treatment Tools

CHANGE 1 OF 2

If you find any of these questions difficult, ask your counsellor to explain them in more detail and talk to your counsellor about your answers if you want to discuss them.

What does it mean to "change"?

What do I need to change in my life?

When I have changed this area of my life, what will be different?

What will happen if I don't change this area of my life?

What changes have I made in the past that have turned out the way I wanted them to?

CHANGE 2 OF 2

What did I learn from making those changes that I can use this time?

Who can I ask, or what resources can I use, to help me with these changes?

Is there anything that is stopping me from making these changes (any obstacles to change)?

What would help to make the change more acceptable to me?

Easy Does It
Be gentle with yourself.

Additional resource: Get It Back Tip Sheet: ***I Want to Change, But...***

STAGES OF CHANGE

I want to change, but ...

If you could change one thing about yourself, what would it be? Why do you want to change? What do you need to do to be able to make that change? How are you going to stick to the changes you've made?

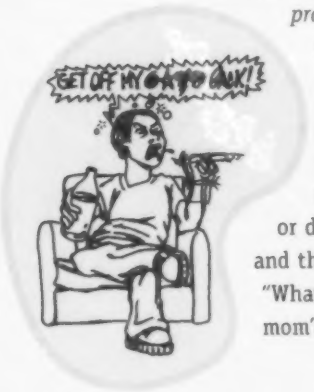
Change is essential in life, so you'd think it would be easy. If you don't like what you are doing, just do something different. Right! Seems simple, but there's more to changing than just doing something different. Change is a process. When you decide to do something different, like stopping your use of alcohol or other drugs, not taking another drink or joint, the change is just beginning. You have to do a lot of things differently to stick to your plan of not drinking or using.

Researchers have identified six stages people go through when trying to make a change. The change process doesn't happen one step after another. Often, people will go back and forth between steps, learning new things each time that will eventually help them to make a permanent change.

1. "Get off my back" stage (precontemplation)

"I don't have a problem, I only drink on weekends."

"My mom thinks I have a drug problem, but she just doesn't understand me."



To change in this stage, you need to become aware of your behaviour. That means realizing how your drinking or drug use is affecting your life and the lives of those around you. "What? You mean it's not my mom's fault?" Scary but true.

2. "I think something's wrong" stage (contemplation)

"I've been on probation a lot and it's always for things I've done when high. I need to get straight before I really screw up."

"I used to have fun when I drank, but not anymore. I need help, but I don't know if I can stop."

At this stage you need to get information about your substance use and find out why you do the things you do. You may be confused when thinking about quitting. Some bad things are happening because of your substance use, but you have fun too ... when it's not out of control.

Do you want to continue on a rollercoaster, or would a smooth ride be nice for a change? Decisions, decisions. It's normal to be caught in the middle during this stage of change.

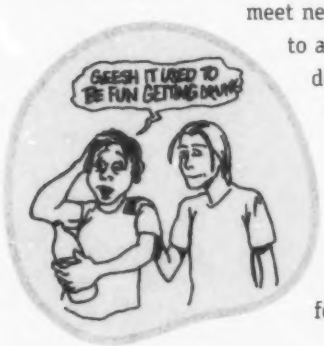
STAGES OF CHANGE

3. "Don't do today what you can put off till tomorrow" stage (preparation)

"After tonight, I'm quitting."

"Now that I'm not around my old friends as much, it's easier to try to stay straight."

You might still question if you really need to quit at this stage, but the reality that you do have to is becoming a little easier to face. You've started to meet new people and are trying to avoid old friends who don't want you to change. Getting back into sports, going back to school, and not constantly fighting with your parents is starting to look good now. Ready for the next stage.



4. "Here it goes" stage (action)

"I told my friends I don't want to use anymore. I thought they would give me a hard time — instead, they're happy I've decided to quit."

"I've gone two weeks without drinking. I didn't think I'd ever be able to do it."

You're starting to do different things and realizing that there is life outside of drinking and using. Activities that seemed boring before, aren't all that bad. You're feeling better, and, hey! The sun really does come up before noon.

5. "Keep on going" stage (maintenance)

"My mom's been nagging me all week. I really wanted to get drunk yesterday just to forget about her. Instead, I called a friend and we talked till I felt better. I'm glad I didn't let my bad mood ruin my sobriety."

"I went to a party last weekend to see some old friends and ended up with a joint in my hand. It was hard, but I passed it to someone else. Good thing, that's just not me anymore."

A new attitude, a new outlook, and a new lifestyle are needed in order to stay straight and sober. If you're happy with what you're doing now, it'll be a lot easier to stay away from alcohol and other drugs. On the other hand, if all you do is stop using or drinking without making any other changes, then you're more likely to slip back into old patterns. You may always need to work on the process of change to stay clean and sober. Some days you may feel stuck, but don't worry, that will change.

WHAT STAGE OF CHANGE ARE YOU AT? 1 OF 2

For each of the categories below, write down what stage of change you are at, and what you would have to do, or what it would take, to help you move to the next stage of change.

Leisure:

Social:

Physical:

Emotional:

Financial:

WHAT STAGE OF CHANGE ARE YOU AT? 2 OF 2

Drug and/or Alcohol Use:

School/Work:

Legal:

Counsellor TIP

ADDITIONAL ACTIVITIES

1. During a counselling session, show a video to your client that depicts the client's problem and discuss the video.
2. Have your client think about the negative aspects of their problem and visualize the consequences of not changing.
3. Have your client make a collage or a drawing of their new self-image. What they will be like (appearance, attitude, etc.) when not using alcohol and other drugs. (Use old magazines as a source of pictures to use in the collage or as a source of ideas for the client.)

WHY AM I DOING THIS?[14]

Reasons why I like to drink or use other drugs:

1. _____
2. _____
3. _____
4. _____

Reasons why I want to quit drinking or using other drugs:

1. _____
2. _____
3. _____
4. _____

The following things will improve when I quit:

1. _____
2. _____
3. _____
4. _____

When I quit drinking or using other drugs I will celebrate by:

_____

_____

_____

_____

_____

_____

[14] Capital Health Authority. 1997. Off Your Butt! A Stop Smoking Program for Teens. (Adapted with permission)

SECTION 3

Preparation

Section 3 PREPARATION

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Coping with milder withdrawal symptoms 90

Home detox tips 91

INTRODUCTION

In the preparation stage, the counsellor can assist the client by helping to determine the best course of action to take in seeking change. Instead of gathering information on the problem, the focus of the preparation stage is on finding suitable actions to overcome the problem. In preparing to change their alcohol or other drug use, a necessary step for the client will be to quit or reduce their use of substances. This may bring about withdrawal. Information on withdrawal is included in this section so that clients know that what they are experiencing is normal and temporary.

For more information, consult the following AADAC resources:

Posters

101 Ways to Stay Clean and Sober
101 Ways to Cope with Stress
Youth Information Posters

- *What the Buzz About Pot?* (marijuana)
- *What's the Big Deal?* (gambling)
- *Kick Butt* (tobacco)
- *Booze 'n You* (alcohol)

WITHDRAWAL

WHEN YOU QUIT using alcohol or other drugs, your body adjusts to the removal of the substances by going through withdrawal. Withdrawal symptoms can range from mild discomfort to life-threatening convulsions. Whether you go through withdrawal or not may depend on how much alcohol or other drugs you have been using, how long you have been using, your age, and how healthy you are. Withdrawal symptoms tend to be opposite to the effects of the drugs. The effects gained from a drug may be viewed as a loan that must be repaid. For example, all the extra energy "loaned" to the body from stimulant use must be "paid back" with extreme fatigue and depression during withdrawal. The body has been sped up, or energized, for so long that when drug use stops the body reacts by slowing down. This is what causes the shakes and delirium tremens associated with alcohol withdrawal.

A "hangover" is the most common symptom of withdrawal from alcohol. You may have a headache, feel thirsty or tired, or have an upset stomach, confused thinking or an "unclear" head. Withdrawing from cannabis may produce similar symptoms as well as sleep disturbance, nervousness, irritability, sweating, anxiety and loss of appetite. Withdrawal from hallucinogens like LSD, PCP and magic mushrooms does not seem to cause any physical sickness but a person may have extreme cravings to continue to use the drug.*

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WITHDRAWAL: GETTING OFF OF DRUGS 1 OF 2

Have you tried to quit drinking or using other drugs before?

_____

How many times?

_____

What is the longest period of time that you have gone without using any alcohol or other drugs?

_____

How long ago was that?

_____

When you have come off drugs (including alcohol) write down how each of these things has bothered you or how you have felt. If any of these things have not bothered you, just write "N.A."

Headache: _____

Stomach ache: _____

Sweating: _____

Eating: _____

Sleeping: _____

Cravings: _____

Hearing voices or other things (auditory hallucinations): _____

Seeing things: _____

Attitude: _____

WITHDRAWAL: GETTING OFF OF DRUGS 2 OF 2

"The shakes": _____

Cold ears: _____

Tingling in fingers/toes: _____

Irritability: _____

Mood swings: _____

Itchy eyelids/eyebrows: _____

Throwing up: _____

Worrying: _____

Dizzy spells: _____

Hot flashes: _____

Flashbacks: _____

Other things that have bothered me when I came off alcohol or other drugs are:

_____

_____

_____

_____

WITHDRAWAL SYMPTOMS

Here is what people can expect during withdrawal from the following drug groups:

Alcohol and other sedatives (Nembutal®, Amytal®, phenobarbital):

Hangovers are a mild form of alcohol withdrawal. More serious withdrawal symptoms occur only after a drinker has consumed 400 to 500 ml (500 ml is one pint) daily for about a month and a half. The most common and mildest symptoms appear in a few hours and can include trembling, weakness, sweating, nausea and vomiting, loss of appetite and abdominal cramps. It is these symptoms that often lead people to drink again to relieve their discomfort. More severe symptoms include cardiac dysrhythmia and hallucinations. If dependency is not severe, most of these symptoms will settle down within two to three days.

With severe dependency, these milder symptoms may be followed by a period of convulsive seizures, usually after the second or third day of abstinence. These symptoms require medical attention. The most dangerous form of withdrawal is *delirium tremens* (DTs), where people hear, see, and feel things that are not really there. These symptoms can last for two days to a week. DTs require medical attention; they are fatal in 10% of cases with no medical attention.

Withdrawal from alcohol is usually complete within five to seven days.

Barbiturates, tranquillizers and other sedative hypnotics (Valium®, Librax®, Ativan®, Xanax®, Largactil®, Elavil®, Nardil®, Dalmane®, Halcion®, Ristoril®, Placidyl®, Nodudar®):

Dependence on depressants develops only above a certain level of daily intake. Withdrawal symptoms closely resemble those from alcohol withdrawal and may include physical weakness, anxiety, nausea and vomiting, dizziness and sleeplessness. They may begin within hours after the drug use is stopped.

More severe symptoms include hallucinations, delirium, delusion and convulsions. These may start as long as three days to a week after initial symptoms and may last for many days. Withdrawal from barbiturates is dangerous and should be done either under the care of a doctor or in a hospital.

Heroin and other narcotics (morphine, Demerol®, Percodan®, Percocet®, 222s®, 282s®, 292s®, Tylenol® #1, #2, #3):

Withdrawal symptoms resemble the flu: nausea, uneasiness, yawning, sweating alternating with chills, various aches and pains, tears and runny nose. If the person does not receive their regular fix, symptoms will gradually intensify and broaden to include pupil dilation, increased heart rate and blood pressure, twitching, spasms, gooseflesh, diarrhea, and insomnia. Cardiovascular collapse is a risk. Withdrawal from heavy chronic narcotic use can be extremely severe and painful. Many people never quit narcotics because the withdrawal is so bad that they return to using.

Depending on the habit, and the quality of the heroin, withdrawal usually peaks in 24 to 48 hours and is completed within a week.

Stimulants (Dexedrine®, ice, Ritalin®, cocaine, crack):

Withdrawal symptoms (including those related to caffeine in coffee) include headache, stomach cramps, lethargy, fatigue and emotional depression. While uncomfortable, the symptoms are not dangerous.[8]

8) AADAC (1996) Information Series

COPING WITH MILDER WITHDRAWAL SYMPTOMS

DETOXIFICATION IS a time to let your body get used to being drug-free. Some ways to cope with the milder symptoms of withdrawal include: getting lots of rest; getting some exercise or activity when you have a lot of energy; eating properly (even if you don't feel like it); and talking with someone when you need reassurance or support. The key is not to drink or use other drugs to relieve the symptoms. If you do, you will have to start withdrawal all over again.

Withdrawal Risks

No one should be alone during withdrawal. While most people do not need medical attention during withdrawal, it helps to know what to expect and how to cope with the symptoms. In assessing withdrawal risk, think about the following things:

- the type and amounts of drugs you have used in the past week,
- how long and how much you have used (tolerance),
- whether you have tried decreasing or stopping drinking or other drug use before (most people have tried to stop before), and
- current or past medical problems.

If you need any help during withdrawal, ask your doctor, counsellor or a support group like Narcotics Anonymous or Alcoholics Anonymous; go to a detox centre; or phone a detox centre for advice.

If you have had severe withdrawal symptoms before, or if you have been drinking more than a pint of alcohol daily, you should get medical help during withdrawal.

Health Canada *Straight Facts About Drugs and Drug Abuse* can be used as a reference.

HOME DETOX TIPS

If you do not need medical help, here are some home detox tips:

- Try to get the support of people who do not use drugs. Detoxify in a safe, drug-free home. Get rid of any alcohol, other drugs or drug paraphernalia.
- Eat a lot of fresh vegetables, fruit and whole grains like rice, pasta, cereal, or bran muffins.
- Drink warm milk or herbal tea before bed.
- Practice relaxation techniques—relaxing music, relaxation breathing, warm bath.
- Drink lots of water.

Detoxification should be complete in five to seven days. You will probably still crave alcohol or other drugs, but your physical body will be on its way back to health.

Suggestions for dealing with cravings for alcohol and other drugs:

- Drug craving is a natural part of drug use, and usually continues on and off well after drug use stops and physical withdrawal from drugs is complete.
- Complete abstinence, which means not drinking or getting high at all, is the surest and quickest way to reduce cravings.
- For a recovering addict, any drug use—even prescription medication—tends to keep the craving strong.
- If you are living in a home where your parents abuse alcohol or other drugs, try not to be around them while they are using, go to your room or to another safe place, and ask if they will agree to keep their alcohol or other drugs away from you.
- Cravings can be triggered automatically. Triggers can include feelings, people, places or things. Avoid these triggers when possible by making a plan ahead of time. If you know you will be around people who use, plan what you will say to avoid using, or make other plans so you don't have to be around those people. You can go to other clean and sober places to avoid high-risk situations. Not getting drunk or high, with strong support and good planning, can work to weaken or get rid of the craving triggers.
- Determination and willpower may not be enough to reduce cravings. Instead, learning new ways to relax and have fun can reduce cravings. Find clean and sober things to do to keep yourself busy.
- You have the choice to either be controlled by cravings or to reduce them. It's up to you.

CRAVING TRIGGERS 1 OF 3

Read through the following triggers and put a check mark beside the ones that you find may trigger a craving for alcohol or other drugs.[9]

EMOTIONAL:

- ❒ feeling sad or depressed
- ❒ feeling lonely
- ❒ feeling tense
- ❒ feeling frustrated or disappointed
- ❒ feeling helpless
- ❒ feeling afraid
- ❒ feeling upset by the injustices of the world
- ❒ feeling angry
- ❒ feeling good/happy, etc.
- ❒ feeling bored
- ❒ other:

SOCIAL/INTERPERSONAL:

- ❒ being alone
- ❒ being asked by someone else to use drugs or drink
- ❒ being shy or inhibited
- ❒ being unable to express affection towards another
- ❒ being unable to express anger towards another
- ❒ being taken advantage of
- ❒ being with an aggressive person
- ❒ experiencing conflict or stress with someone else
- ❒ being at a party
- ❒ being with certain people
- ❒ having communication problems
- ❒ other:

PHYSICAL:

- ❒ unable to sleep
- ❒ feeling tired
- ❒ experiencing withdrawal symptoms
- ❒ wanting to feel mellow
- ❒ wanting to feel high
- ❒ wanting to experience a rush
- ❒ feeling pain or physical discomfort
- ❒ hungry
- ❒ thirsty
- ❒ lacking energy
- ❒ having a headache
- ❒ unable to stay awake
- ❒ wanting to lose or gain weight
- ❒ other

MENTAL:

- ❒ having unpleasant thoughts
- ❒ fearing withdrawal
- ❒ thinking you're no good
- ❒ thinking you're stupid
- ❒ thinking "I'll show him!"
- ❒ thinking no one can tell you what to do
- ❒ thinking guilty thoughts
- ❒ saying things to yourself to justify your drug/alcohol use
- ❒ thinking about social problems
- ❒ other:

9 ARF (1991) Youth and Drugs Workbook 5 (pp. 5-91, 5-92). (Adapted with permission)

CRAVING TRIGGERS 2 OF 3

SITUATIONAL:

- ❒ not wanting to do anything
- ❒ failing to accomplish a task or goal
- ❒ facing difficult problems
- ❒ seeing or hearing alcohol advertisements
- ❒ hearing references to drug-taking or drinking
- ❒ facing large responsibilities
- ❒ having money
- ❒ having alcohol or drugs
- ❒ being in a friend's home
- ❒ driving
- ❒ seeing drug paraphernalia, e.g. rolling papers, pipe, needles
- ❒ being outside
- ❒ being curious
- ❒ engaging in pleasant events
- ❒ after using drugs once, or taking one drink
- ❒ experiencing pressure from school work
- ❒ during a special occasion
- ❒ having a meal
- ❒ after smoking a cigarette
- ❒ other:

How many of the triggers that you checked off are internal (caused by your feelings or thoughts)?

_____

_____

_____

How many of the triggers are external (pressure from friends, events, etc.)?

_____

_____

_____

List three triggers that are the hardest to deal with:

1. _____
2. _____
3. _____

CRAVING TRIGGERS 3 OF 3

When you have a craving, what are some things you can do to help yourself to deal with the craving?

_____

_____

_____

How will you know when you have conquered your craving?

_____

_____

_____

Did you know that ...?

CRAVINGS

When most people get a craving for alcohol, other drugs, cigarettes or a certain type of food, it feels like the craving continually rises and gets stronger and stronger until people just give in to get over it. In reality, research has shown that the intense cravings people feel only really last from thirty seconds to three minutes and then the cravings lessen. Think of the image of a surfer riding the waves. The craving can be like a wave coming into shore. It gets bigger and bigger (craving increasing) until it reaches a peak (craving lasts thirty seconds to three minutes), and then the wave or craving crests and the wave or craving lessens and comes down.

Knowing that the craving doesn't last forever can make it easier to handle. In order to "surf the urge" to use, think about some things that you can do to fill a three-minute time spot. Then, if you are having a craving, you can turn to those three-minute activities to help you get through the worst part of the craving without giving in and starting to use.[20]

[20] Marlatt, G.A., and Gordon, J.R. (1985) Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors (p. 241)

-2 F2

"SURFING THE URGE": THREE-MINUTE ACTIVITIES

On an index card or a piece of paper, write down on one side why you have quit drinking or using other drugs. On the other side write a list of things you can do that will fill up three minutes of time. Keep this card with you and whenever you have a craving turn to the card to give you ideas of what to do to "surf the urge."

Examples of three-minute activities:

Make a cup of herbal tea

Read the comics

Call a friend

Walk around the block

Make a snack

Listen to your favourite tune

Come up with your own list of three-minute activities:

PREPARING FOR CHANGE

Three ways that life will change or be different when I stop drinking/using other drugs:

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

I am going to tell these three people that I am quitting drinking/using other drugs:

1. _____
2. _____
3. _____

I am going to stop drinking/using on this date:

_____

To help me to quit on this date, I need to do these things first:

_____

_____

_____

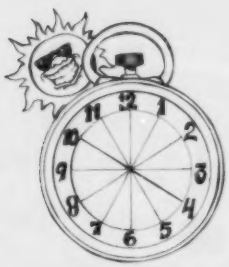
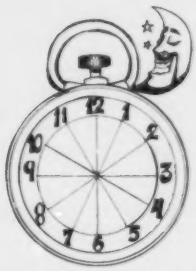
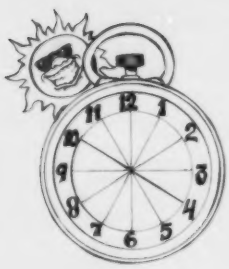
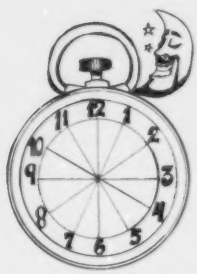
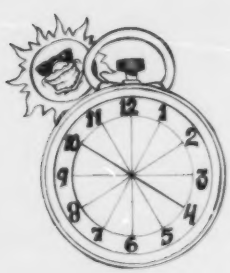
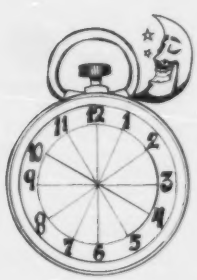
_____

_____

_____

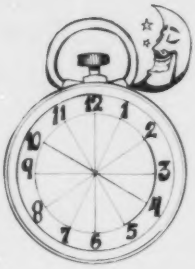
CLOCK YOUR CLEAN TIME 1 OF 2

Colour in the hours that you were alcohol- and drug-FREE

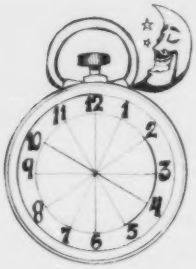
	(6am to 6pm)	(6pm to 6am)
Day 1		
Day 2		
Day 3		

CLOCK YOUR CLEAN TIME 2 OF 2

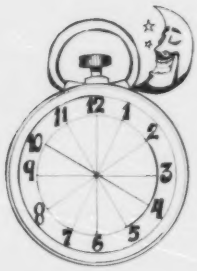
Day 4



Day 5



Day 6



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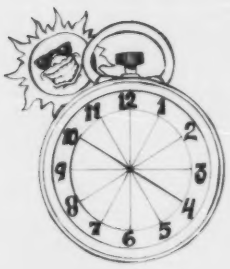

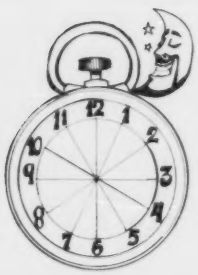

SECTION 4

Action

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Section 4 ACTION

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INTRODUCTION

In the action stage the task of the counsellor is to help the client take steps towards change. This stage may last from three to six months, depending on client motivation and ability to work through the change process effectively. The action stage means not only stopping the use of alcohol and other drugs but looking at alternative activities which divert attention away from thoughts of using alcohol and other drugs. Treatment planning, relaxation, contracting and support from others are all useful tools in the action stage.

TREATMENT PLANNING

Screening and assessment provide the information needed to develop a sound treatment plan. However, the effectiveness of the plan depends on regular review and modification. Treatment itself actually begins during the assessment phase. Sometimes people are able to make changes in their behaviour based on assessment alone.

A treatment plan involves working with the client to arrive at well-reasoned, clear goals, both short-term and long-term. A treatment plan is also flexible and accommodates the client's ability to change, and the stage of change that they are at.

TREATMENT GOALS

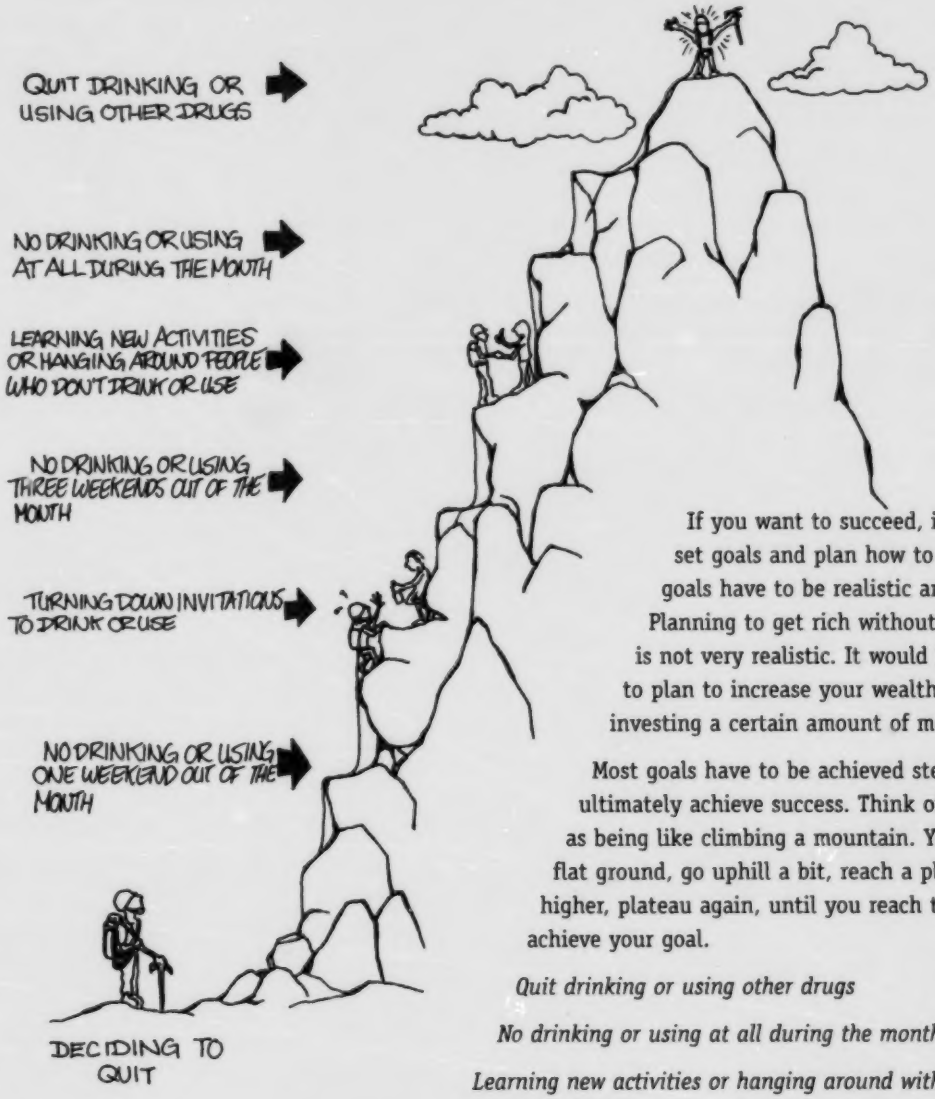
Contracting with the client to achieve short-term goals may be helpful. This strategy involves the following:

1. A clearly identified task to be completed.
2. A description of how the task will be completed.
3. Criteria of how well it will be completed.
4. A date for task completion.
5. The reward for completion or consequences for non-completion.

The following worksheets on treatment planning will help your clients identify some goals they may have.

To the Counsellor

SETTING GOALS


QUIT DRINKING OR USING OTHER DRUGS
NO DRINKING OR USING AT ALL DURING THE MONTH
LEARNING NEW ACTIVITIES OR HANGING AROUND PEOPLE WHO DON'T DRINK OR USE
NO DRINKING OR USING THREE WEEKENDS OUT OF THE MONTH
TURNING DOWN INVITATIONS TO DRINK OR USE
NO DRINKING OR USING ONE WEEKEND OUT OF THE MONTH
DECIDING TO QUIT

If you want to succeed, it's important to set goals and plan how to get to them. Your goals have to be realistic and achievable. Planning to get rich without working for it is not very realistic. It would be more realistic to plan to increase your wealth by saving or investing a certain amount of money each month.

Most goals have to be achieved step-by-step until you ultimately achieve success. Think of pursuing a goal as being like climbing a mountain. You start out on flat ground, go uphill a bit, reach a plateau, go up a bit higher, plateau again, until you reach the top peak and achieve your goal.

Quit drinking or using other drugs

No drinking or using at all during the month.

Learning new activities or hanging around with people who don't drink or use.

No drinking or using three weekends out of the month.

Turning down invitations to drink or use.

No drinking or using one weekend out of the month.

Deciding to quit.[17]

17) AADAC. (1991). Going Places: Lifeline Series.

CONTRACT FOR CHANGE

I, _____,

choose to:(state goal) _____

To meet this goal, I will make a commitment to myself, and to get support from:

- My addictions counsellor. My follow-up appointment is on: _____
- My family (names): _____
- My friends (names):_____
- My school: _____
- Others: _____

To meet my goal, I need to ask my addictions counsellor for more information and help about:

- ❒ Drug effects and addiction
- ❒ My own pattern of drug use
- ❒ Coping without drugs
- ❒ Building self-esteem
- ❒ How to handle peer pressure
- ❒ Treatment options
- ❒ Family problems
- ❒ School problems
- ❒ Other: _____

It is _____% important to me to make this change.

I am _____% confident in my skills and commitment to make this change.

My follow-up plan with my counsellor is: _____

_____

_____

_____

_____

Signature: _____ Date: _____

Witness: _____

GOALS CHECKLIST

The following is a list of goals that people coming to treatment sometimes have. Indicate which are your present goals by placing an X in the appropriate box. Doing this worksheet first will help you to finish the worksheet on the next page.

1. ❒ To deal with my problem of alcohol and/or other drug use.
2. ❒ To learn to be less tense or anxious.
3. ❒ To learn to stand up for my rights more effectively, and to be able to express good or bad feelings directly.
4. ❒ To improve my relationship with members of my family (parents, siblings).
5. ❒ To be able to get along better socially.
6. ❒ To improve my ability to find and keep a job.
7. ❒ To improve my ability in school.
8. ❒ To learn to use my leisure time more productively.
9. ❒ To improve my living arrangements.
10. ❒ To deal effectively with my legal problems.
11. ❒ To deal effectively with my financial problems.
12. ❒ To increase my understanding of sexual problems and sexual behaviour.
13. ❒ Other treatment goal(s) I have:

Summary

How many goals have you picked? _____

Of the goals picked, which are the most important for you to solve at the moment?

My first most important goal is # _____

My second most important goal is # _____

My third most important goal is #_____

My fourth most important goal is # _____

GOALS TO GET THE LIFE I WANT

Use the goals you picked from the previous worksheet to help you in completing this exercise.[13]

Goal	When will this be done?	What do I need to do to achieve my goal?	Hurdles to overcome	What happened?

13) AADAC. (1997). Treatment Tools.

NOW THAT I'VE DECIDED TO STOP DRINKING/USING ...

Now that I've decided to stop drinking/using, I need to learn to have fun by:

The problems I will have to deal with in the next while are:

The biggest concern I have since deciding to quit drinking/using is:

My greatest hope in making this decision is:

WHERE AM I WITH MY DRINKING/USING?

Put an **X** where you are at on the continuum.

Denial (I don't have a problem, I can stop anytime.)
Minimizing (I don't drink that much.)
Bargaining (I only drink on weekends.)
Guilt/Shame (Why do I keep doing this?)
Blaming (It's not my fault I drink.)
Anger (Why does this have to happen to me!)
Acceptance (I need help.)
Optimism (I'm starting to feel good without drinking/using.)
Contentment (I can relax a bit more. There are other things to do besides drinking/using.)

Did you know that . . . ?

TREATMENT STATS

Of the teens who completed intensive treatment:

- 45% reported improvement in school, work, family and social functioning at six months following treatment
- 29% reported improvement in school, work, family and social functioning at one year following treatment.

Of the teens who completed treatment:

- 79% reported their emotional health was "very much improved"
- 66% reported their physical health was "very much improved"
- 45% reported their relationship with their parents was "very much improved."

Compared with before treatment:

- 70% of teens reported better family adjustment
- 67% of teens reported no legal difficulties
- 45% of teens reported better grades.[3]

3) AADAC. (1995). Adolescent Treatment

What do you need to do to keep moving along this continuum?

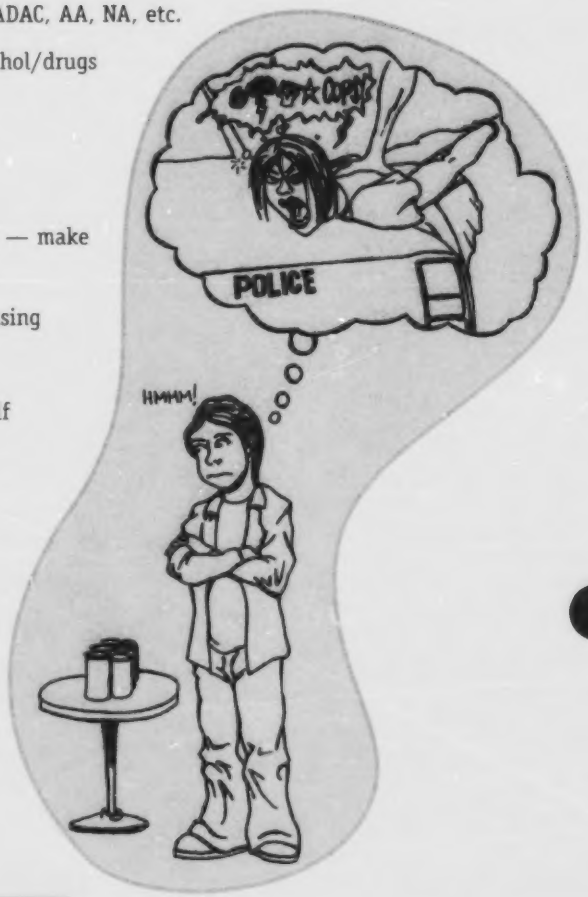
_____

_____

_____

WHAT CAN I DO TO STAY CLEAN?

- attend support meetings and/or counselling regularly — AADAC, AA, NA, etc.
- think about the consequences before you decide to use alcohol/drugs
- try to find other hobbies, and interests
- spend time with people, be a volunteer, get your attention off yourself
- contact someone if you start to think about drinking/using — make sure you have your phone list with you
- let people close to you know about your challenge to quit using
- stay away from places where you drank and used
- be aware of triggers (write them down), don't tempt yourself
- keep a journal
- recognize when there is a problem and don't be afraid to seek help
- take responsibility for your actions
- be on the lookout for substituting addictions — don't give up marijuana and turn to drinking instead
- there is no magic pill — recovery takes time and effort, but it works
- keep trying
- add your own strategies to the list:



_____

_____

_____

_____

_____

_____

Resources: AADAC poster - *101 Ways to Stay Clean and Sober*

REASONS FOR NOT DRINKING OR GETTING HIGH

I'm choosing not to drink or get high because:

_____

_____

_____

_____

The good things that will change now that I'm not drinking or getting high:

_____

_____

_____

_____

How I feel now that I'm not drinking or getting high:

_____

_____

_____

_____

How others feel now that I'm not drinking or getting high:

_____

_____

_____

_____

NOW WHAT DO I DO FOR FUN? 1 OF 3

Think back to when you first started to use drugs or alcohol. There may be a variety of reasons why you started: your friends wanted you to try it, you could forget your problems, you felt better about yourself when using, you were bored—there was nothing else to do. Eventually, your drug use or drinking probably took up your whole weekend and many weekdays and nights. Now that you're not drinking or using, what are you going to do to keep yourself busy and still have fun? You're going to have to find something you enjoy doing so that the temptation to go back to drinking/using is not as strong.

List some of the things you did for fun before drugs/alcohol became a major part of your life.

Are any of those activities things that you would like to do now? Which ones?

NOW WHAT DO I DO FOR FUN? 2 OF 3

Don't rule out things like bike riding, skateboarding, playing ball, skating or other things you may have done when you were younger. Its probably been a long time since you've done those things and they may be fun again!

Challenge yourself, whether it's to see how many activities you can do, or to improve on things that you are doing. Think about the good things that you will gain by doing fun, healthy activities. You will probably increase your skill level, have more confidence, meet new people and maybe even have more excitement in your life.

There may be activities you thought about doing while using drugs or alcohol but something stood in your way. Maybe you didn't have the money or the motivation. Maybe you didn't have anyone to do them with. Make a list of all the things you are interested in trying. Just brainstorm. Don't think about how much it would cost, or that you can't do it where you live now, or that you might have to do it alone. Just write!

NOW WHAT DO I DO FOR FUN? 3 OF 3

Now of all those things you've listed, pick three that you would be able to try:

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

Set a goal for when you are going to do these activities, where and who with. Brainstorm ways to overcome obstacles like money, time, transportation. Give it a try and don't take yourself too seriously. Remember, it's just for fun! You can use the *Goals to Get the Life I Want* worksheet on page 105 to help you.

CHOICES FOR LEISURE 1 OF 3

Please highlight your choices for leisure. These may be activities you have enjoyed in the past or new activities you would like to try:

Nature/Outdoors

- Astronomy
- Gardening
- Orienteering
- Bee-keeping
- Going to the beach
- Picnicking
- Birdwatching
- Log-rolling
- Raising poultry
- Backpacking
- Mountaineering
- Rock climbing
- Camping
- Nature hikes
- Skating
- Caring for pets
- Nature study
  - animals
  - birds
  - flowers
  - fossils
  - insects
  - rocks and minerals
- Nature centre projects
- Snowshoeing
- Canoeing
- Snowmobiling
- Cross-country skiing
- Suntanning
- Driving for pleasure
- Tobogganing
- Excursions or trips
- Travel
- Fishing
- Walking
- Flower arrangement
- Gardening
- Hiking
- Hunting
- Nature tours

Music/Drama

- Air guitar
- Lip synching
- Reading plays
- Carnivals
- Listening to music
- Scenery making
- Charades
- Making instruments
- Shadowgraphs
- Composing music
- Masquerades
- Songwriting
- Dance
  - ballet
  - classic
  - folk
  - modern
  - social
  - tap
- Movies
- Stagecraft
- Movie-making
- Music appreciation
- Music festivals
- Storytelling
- Music study groups
- Singing
- Musicals
- TV & radio production
- Comedies
- Television arts
- Fairs
- Operas
- Ventriloquism
- Fashion shows
- Orchestral concerts
- Video production
- Festivals
- Parades
- Whistling
- Fiddlers' contests
- Playwriting
- Workshops
- Impersonations
- Puppetry
- Improvisation
- Radio dramas

Mental/Language

- Book Clubs
- Poetry groups
- Backgammon
- Collecting
- Public speaking
- Checkers
- Creative writing
- Puzzles
- Chess
- Computer games
- Crossword
- Dominoes
- Conversations
- Find-a-word
- Monopoly
- Debates
- Jigsaw puzzles
- Pictionary
- Discussion clubs
- Reading
- Trivial Pursuit
- Foreign language study
- Reading aloud
- Scruples
- Lectures
- Readings by author
- Card games
- Listening to radio
- Riddles
- Scrabble
- Magic
- Storytelling
- Television programs
- Meditation
- Study groups
- Tricks
- Mental games
- Taking courses/classes
- Writing E-mail
- Paper and pencil games
- Table games
- Writing letters

CHOICES FOR LEISURE 2 OF 3

Creative Leisure				
Basketweaving	Quilting	Mechanics	Cross-stitchery	Weaving
Fabric decorating	Calligraphy	Sewing	Needlework	Electronics
Poster making	Knitting	Copper tooling	Soapmaking	Papermaking
Beadwork	Rugmaking	Macramé	Crocheting	Wood burning
Furniture refinishing	Cabinetmaking	Ship model building	Painting	Embroidery
Pottery	Leathercraft	Ceramics	Stage set design	Photography
Block printing	Silkscreen printing	Modelling clay	Drawing	Woodworking
Home decoration	Candlemaking	Sketching	Papercraft	Etching
Printing	Lapidary	Cooking/baking	Toymaking	
Boxmaking	Sculpture	Model aircraft building	Dyeing and painting cloth	
Jewelry making	Carving (soap, wood, bone)	Snow-sculpture (ice carving)	Paper-folding (origami)	
Social/Special Events				
Art galleries	Celebrations/parties	Competitions	Dancing	Rodeos
Festivals	Folk	Music	Going for coffee	Dining out
Movies	Parades	Races (car, boat, horse)	Reunions	Historic sites
Air shows	Clubs/associations	Conversations	Dating	Entertaining
Art	Food	Running	Having a bubble bath	Holiday events
Museums	Plays/theatre			
Volunteer				
Board member	Cultural groups	Teaching crafts, hobbies	Public relations	Service agencies
Support groups	NA	Recreation and parks	Group leader	· Red Cross
Associations	YMCA	Assist with publicity, or fundraising	Day care	· Meals on Wheels
Clubs	Coaching sports		Political party worker	· Food Bank
AA	YWCA			
Alberta wilderness	Community leagues			

CHOICES FOR LEISURE 3 OF 3

Active Games/Sports

Aerobics	Softball	Boxing	Miniature golf	Ping-pong
Handball	Baseball	Kick-boxing	Volleyball	Windsurfing
Rugby	Ice-skating	Target shooting	Cross-country skiing	Fencing
Aquasize	Soccer	Broomball	Model airplane flying	Playing with kids
Hang-gliding	Basketball	Kite flying	Walking	Wrestling
Sailing	Indoor bowling	Touch football	Curling	Field hockey
Archery	Squash	Canoeing	Model boat sailing	Pool/snooker
Horseback riding	Bicycle riding	Kung fu	Water polo	Yoga
Shuffleboard	Jacks	Track and field	Dancing	Flag football
Aviation	Swimming	Cooperative games	Motorcycling	Polo
Horseshoes	Boating	Lacrosse	Waterskiing	Floor hockey
Scuba diving	Judo	Trampoline	Diving	Racquetball
Airplane	Synchronized swimming	Cricket	Paddle tennis	Frisbee
Hot rod racing	Bobsledding	Lawn bowling	Waterslides	Roller skating
Snowmobiling	Karate	Trapshooting	Dogsledding	Golf
Badminton	Tai Chi	Croquet	Parachute jumping	Jumping rope
Ice hockey	Boccie ball	Marbles	Weight training	Hacky Sac
Snowshoeing	Kayaking	Tug-of-war	Downhill skiing	Rowing
Ball hockey	Tae Kwon Do	Cross-country running		
Ice sailing				

THINGS TO ENJOY[18]

1. Fill in five activities that you enjoy in each area.
2. Place a check mark in the category to show who else does the activity with you.
3. Fill in the cost.
4. Fill in how often you do the activity.

Activity	Alone	Family	Friends	Cost	How often
SPECTATOR, ENTERTAINMENT					
1.					
2.					
3.					
4.					
5.					
ARTS, CRAFTS, MUSIC, DRAMA, DANCE, HOME ACTIVITIES					
1.					
2.					
3.					
4.					
5.					
EXERCISES, GAMES, SPORTS, PHYSICAL ACTIVITIES, HEALTH					
1.					
2.					
3.					
4.					
5.					
EDUCATIONAL, CULTURAL, COLLECTING, VOLUNTEERING, SOCIAL ACTIVITIES					
1.					
2.					
3.					
4.					
5.					

18) Dehn, D. (1995). Leisure Step Up Workbook 30

Counsellor Resource

BREATHING AND RELAXATION TECHNIQUES

Pyramid breathing

Pyramid breathing refers to a technique used for relaxing the body and maximizing oxygen intake. Pyramid refers to the three stages of this technique. Breathing can be done in counts of one, two, three, four, etc. Concentrate on your breathing, and when breathing out, feel the tension leave your body.

Breathe in for a count (e.g. count one).

Hold for a count (e.g. count two).

Breathe out for a count (e.g. count three).

Hold for a count (e.g. count four).

Relaxation Technique

The following is done using pyramid breathing. To do this exercise, you tense up your body while doing the first two stages of pyramid breathing, then release this tension when breathing out. Tension can be created by squeezing an object or by contracting (flexing) muscle groups. Using a count of four is recommended when doing the relaxation exercises. Listed below is the order of muscle groups you use for these exercises.

1. **Finger and thumb (both hands)**
2. **Whole hand (make a fist)**
3. **Forearms and hands**
4. **Arms**
5. **Shoulders and arms**
6. **Feet (curl toes)**
7. **Feet and calves**
8. **Legs, feet, and calves**
9. **Buttocks, legs, feet, calves**
10. **Whole body**

Remember to tense a particular part of your body while breathing in. Hold your breath for the same count, maintaining tension. Breathe out and release the tension from your body. Picture the stress flowing out of your body like water. You can also do the breathing separately from the relaxation exercises.[16]

16) Capital Health Authority. (1997). Off Your Butts! (Adapted with permission)

STRESS 1 OF 2

Sometimes the people around you can be a source of stress when you are trying to stay away from drugs/alcohol. Family, friends, boyfriends/girlfriends can be great sources of support or great sources of stress if they don't agree with the changes you are trying to make. They may try to sabotage the hard work you have done and try to get you to drink/use again. You can't change the people around you, just like no one could change your drinking or drug use until you were ready to make those changes. What you can change is how you react to the problem.

1. What are some things that I feel stressed about?

   a. _____

   b. _____

   c. _____

   d. _____

2. When I'm under stress I:

   a. _____

   b. _____

   c. _____

   d. _____

3. These are some of the things I can do to reduce my stress level:

   a. _____

   b. _____

   c. _____

   d. _____

The Serenity Prayer
God, grant me the serenity
To accept the things I cannot change,
The courage to change the things I can,
And the wisdom to know the difference.
- Reinhold Niebuhr

STRESS 2 OF 2

Take a look at the people in your life and list how they can support you in your desire to change:

Times that you have handled stress well—what did you do?

What are some things I can do to reduce my stress level?

Did you know that . . . ?

FAMILY IS IMPORTANT

* Teens who had family or a non-using supportive person involved with their treatment had better abstinence and decreased rates of drinking and drug use.
* 46% of teens at their first treatment visit said one of their top three treatment goals was to improve their relationship with members of their family.[3]

3) AADAC. (1995). Adolescent Treatment.

RELATIONSHIPS 1 OF 3

Let's take a look at relationships with girlfriends or boyfriends. It may be a lot easier to stay away from alcohol or drugs if you are in a relationship with someone who supports you. On the other hand, it may be very difficult to stay away from drugs or alcohol if your boyfriend or girlfriend thinks that you should still be able to go to parties where alcohol and drugs are available. Think about how your relationships are now affecting your ability to stay clean and sober.

1. It's easier to stay away from alcohol and drugs when my girlfriend/boyfriend: (e.g. encourages me)

   a. _____

   b. _____

   c. _____

2. It's hard to stay away from alcohol and drugs when my girlfriend/boyfriend: (e.g. wants me to have a drink)

   a. _____

   b. _____

   c. _____

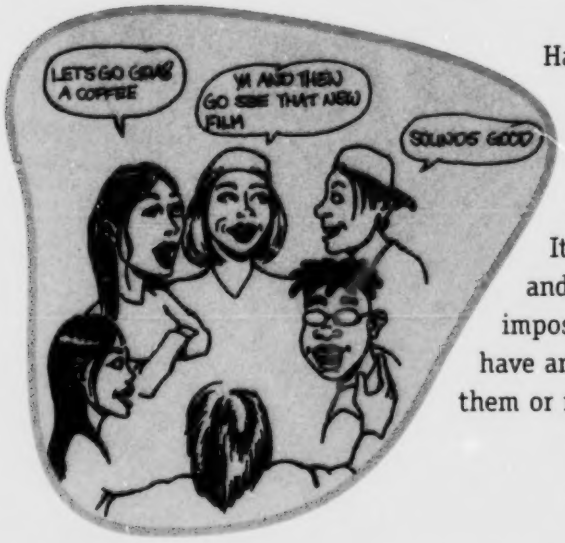
3. What I need to do about my boyfriend/girlfriend so that I don't go back to drinking or using:

   a. _____

   b. _____

   c. _____

RELATIONSHIPS 2 OF 3



Hanging around old friends may also be difficult and dangerous for you, especially when you first quit using or drinking. If friends don't feel you have a problem they may want you to have a drink or use again so that it's just like old times. It might be hard not to hang around old friends, and the thought of making new friends may seem impossible. Think about what kind of friends you have and whether you can really afford to be around them or not.

1. A friend who supports me in not drinking or using will: (e.g. want to do things that don't involve drugs/alcohol)

   a. _____

   b. _____

   c. _____

2. A friend who doesn't support me in not drinking/using will: (e.g. encourage me to drink)

   a. _____

   b. _____

   c. _____

3. Which friends do I have now that will support me?

   a. _____

   b. _____

   c. _____

RELATIONSHIPS 3 OF 3

4. Which friends will make it hard for me to stay away from drugs and alcohol?

   a. _____

   b. _____

   c. _____

5. What do I need to do about the friends that make it hard for me?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Live and Let Live

Concentrate on living your own life as best you can, and let other people take care of their lives.

RELATIONSHIPS

How to build a healthy relationship:

Be a complete person • You need to take care of you first. You need to have strong self-esteem. You need to know what your interests are, what goals you have, and what values you hold before you can share them with another person.

Listen and understand • Nothing brings people closer in a relationship than listening to one another, and trying to understand how each other views the world.

Communicate daily • Good communication skills need to be practised on a daily basis. Sit down with your friends and take the time to talk over your feelings, ideas, hopes and concerns. Talk and listen without judgment or blame.

Be ready to work • Be ready and willing to work out your problems. No relationship is without problems. It takes great effort to stay honest and maintain trust in a relationship.

Find time to have fun • Even if it means planning ahead, find time to spend with your partner doing fun activities. Having fun is a good way to bring people closer.

Get real • Don't expect others to give you everything. Expect some ups and downs...that is truly what life is about. Remember, you cannot change anything about the other person and will only experience frustration and disappointment if you think you can.

Resources:
If you recognize traits of an unhealthy relationship in your life, and you want to talk with someone about it, look in your telephone directory for these agencies.

Sexual Assault Centre
Child Abuse Hot Line
Kids Help Phone 1-800-668-6868
Teens Helping Teens Crisis Line 1-877-803-TEEN

How to build an unhealthy relationship:

Rely on the other person • Take care of the other person first. Work on building their self-esteem. Know what their interests, goals and values are so you can adjust your interests, goals, and values accordingly. Forget about yourself. Forget the anger, loneliness and lost feelings. Using drugs might help.

Judge and blame • Never take responsibility when you can blame the other person. Don't bother trying to understand them. It only confuses you, and it's hard work. Make up your own mind and stick to it.

Avoid conversation • To build an unhealthy relationship, you really should not communicate in a healthy manner. Being sarcastic, threatening the other person, and arguing all the time is much better. Remember not to reveal your feelings and thoughts or you might get too close.

Don't work • Ignore the problems as if they don't exist. You won't have any trust in one another and you can never be honest with each other, but that stuff is really overrated anyway.

Isolate yourself • Even if it means planning ahead, avoid problems and one another by isolating yourself. You can sit and watch TV all the time. This is a great way to ignore each other. Music works too, although not as well as TV.

Dream the impossible dream • If you want to live in true misery, then expect the impossible. Expect people to be perfect. Rely on someone else to make you happy. Fantasize as much as possible about your ideal life, but do not act on any of your wishes. Live with that frustration and disappointment.[19]

19) AADAC. (1994). Youth Services: Peer Influence in Recovery. (Internal resource)

HEALTHY RELATIONSHIPS 1 OF 2

1. Describe a healthy relationship you have (had) with someone presently or in the past.

2. What qualities made this relationship good for you?

3. How would having a relationship like this help you now in your recovery?

HEALTHY RELATIONSHIPS 2 OF 2

4. Where could you go or how could you meet people now to develop a healthy relationship?

5. Describe what kind of a friend you think you are. Do your qualities contribute towards healthy relationships with others?

SECTION 5

Maintenance

Section 5 MAINTENANCE

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INTRODUCTION

In the maintenance stage of change, relapse prevention is the focus. The most common threats to maintenance are pressures from others, social situations and internal challenges. In order to decrease the likelihood of relapse it is important for the client to prepare for events that could be high-risk situations.

RELAPSE PREVENTION PLANNING

THE DECISION TO stop drinking or using other drugs is a difficult and important one. Recovery involves finding new ways of taking care of yourself, new ways of being with friends and family, and new ways to approach life. It also involves avoiding relapse. Relapse is when you use alcohol or drugs again after being clean and sober for a period of time. When some people relapse, they drink or use drugs only once; others end up continuing their drinking or drug use as if they had never stopped.

Relapse doesn't only begin with people starting to drink or use again. The warning signs usually occur long before then. Relapse begins when people stop coping and facing up to problems with:

1. relationships with family, friends
2. school/work situations
3. emotions
4. the law
5. health

As a result, stress builds up which may lead a person to return to drinking or using if faced with a difficult situation. These danger areas are called high-risk situations.

About two-thirds of all relapses for any addiction (alcohol/drugs, smoking, gambling, diets) happen within the first 90 days. The longer a person stays away from drinking or using, the easier it is to maintain recovery. It is still important to handle stress effectively, since it is one of the major reasons for relapse.[13]

HALT (Hungry, Angry, Lonely, or Tired)
If you're feeling hungry, angry, lonely, or tired, it's time to stop and take care of yourself before attempting anything that might be challenging.

13) AADAC. (1997). Treatment Tools.

-1

MYTHS ABOUT RELAPSE

- Relapse starts with alcohol/drug use.
- Relapse is caused by a client dropping out of treatment.
- Relapse can be avoided by willpower.
- Relapse-prone clients are not motivated.
- Hard confrontation will prevent relapse.
- Not drinking will keep a person from relapsing. (A person doesn't have to be drinking or using to be in relapse.)
- Repeating the same treatment program is effective for relapse-prone clients.
- The relapse-prone client is hopeless.
- If the problem of relapse is avoided, it will go away.

RELAPSE

When a person has relapsed, it may be because:

- the person doesn't recognize and respond to a high-risk situation; the person may not know what his/her high-risk situations are,
- the person doesn't know how to deal with a high-risk situation,
- anxiety and stress interfere with coping; it's harder to make good decisions when under stress,
- the person expects the alcohol or other drug to relieve negative feelings or to enhance positive feelings, and it does, temporarily.

COMMON ELEMENTS OF HIGH RISK SITUATIONS

1. Negative Emotions—includes when you are coping with negative emotional states such as anger, guilt, fear, hurt, tension, etc. These may happen because of experiencing:
   - negative physical states (cold, tired, hungry),
   - interpersonal conflict (argument with your parent or friend),
   - social pressure, either direct or indirect (embarrassment, fear of rejection).
2. Positive Emotions and External Situations—this area includes when you want to celebrate or enhance a positive emotional state, time of day (after school or work), and location (being in a bar or a place where you used to drink or use).
3. Testing Yourself—this basically means testing your personal control or giving in to temptations and urges.[20]

20) Marlatt G.A., and Gordon, J.R. (1985). Relapse Prevention. (Adapted with permission)

COMMON DANGER SIGNS THAT MAY LEAD TO RELAPSE

1. Exhaustion:	becoming overly tired. If you don't feel good, your thinking will not be as clear and you may make some bad decisions.
2. Dishonesty:	little lies and deceits, making excuses to cover for yourself.
3. Impatience, frustration:	things not happening fast enough, others not doing what you think they should do.
4. Argumentative:	arguing over small, ridiculous points of view, which gives an excuse to drink or use.
5. Depression:	feeling depressed for no reason.
6. Frustration:	blowing up, yelling, feeling frustrated over small problems.
7. Self-pity:	why do these things happen to me? Why do I have a problem with alcohol or drugs? Feeling upset because you can't drink or get high.
8. Cockiness:	got it made, no longer fear having a drug or alcohol problem, going into drinking or drug-using situations.
9. Complacency:	drinking or using is the farthest thing from your mind. You are tempted to let up on structure and support.
10. Expecting too much from others:	"I've changed, why hasn't everyone else?"
11. Letting up on discipline:	relaxing, skipping counselling or support group meetings.
12. Use of alcohol or drugs:	using substances to ease tension.
13. Wanting too much:	setting unachievable goals, expecting too much.
14. Forgetting gratitude:	forgetting where you started, and how much better life is now.
15. "It can't happen to me":	dangerous thinking, thinking you can control your use.
16. Omnipotence:	all powerful, everything under control, "I have all the answers," ignore suggestions, advice.
17. Stuffing feelings:	not talking about how you feel.
18. Avoidance:	person starts to back off when feeling frustrated so that they don't have to face the problem and deal with it.
19. Believing "I'll never drink or use again":	person isn't aware of their problems or feelings, they convince themselves they won't use again, believe they "have it made."
20. Worrying about others instead of themselves:	getting involved in others' recovery, but not their own, not talking about their own problems.
21. Resentment towards drinkers and users:	person will judge, criticize, put down others who are drinking, angry that others can drink or use and they can't.
22. Family gatherings:	family gatherings such as weddings, holidays, parties, etc. can be high-risk situations.
23. Dwelling on treatment experience:	thinking about how good inpatient treatment was when attention was focused on them.
24. Superficial aftercare involvement:	more passive role in aftercare, not doing what they need to do to continue to recover.

KNOW YOUR THOUGHTS, FEELINGS AND BEHAVIOURS (IDENTIFYING WARNING SIGNS) 1 OF 3

There are a number of situations that can put you at risk to use alcohol or other drugs. Take a look at the following and think about how closely connected each item has been to your drinking or drug use. Check those that apply to you.

NEGATIVE FEELINGS

- ❒ jealousy
- ❒ mood swings (ups and downs)
- ❒ feeling stressed-out (nervous, anxious)
- ❒ feeling frustrated
- ❒ having too much time on your hands
- ❒ boredom
- ❒ loneliness
- ❒ feeling tired
- ❒ feeling hurt
- ❒ not caring
- ❒ guilt feelings
- ❒ feeling empty, like nothing is important or worth working for
- ❒ feeling too good, invincible, on top of the world
- ❒ feeling really down or depressed
- ❒ feeling very mad or angry, like I'm about to explode
- ❒ holding anger in, expressing it inappropriately, or violently
- ❒ feeling overconfident (I've got this problem licked)
- ❒ other _____

NEGATIVE ATTITUDES OR THOUGHTS

- ❒ self-pity (poor me)
- ❒ concentration or memory problems
- ❒ daydreaming a lot about using and partying
- ❒ dwelling on past drug-using experiences and missing all the "fun"
- ❒ believing I'm a failure and won't amount to anything
- ❒ believing I'll never use again
- ❒ believing I can go back to controlled use
- ❒ revenge (I'll show you)
- ❒ thinking recovery is a real drag
- ❒ other _____

THOUGHTS THAT LEAD TO RELAPSE

- ❒ "I'm young. I have lots of time to drink and do drugs before I have to stop."
- ❒ "I haven't lost anything yet. My problem isn't that bad."
- ❒ "If I stop using drugs and alcohol, I won't have anything to do. It'll be boring."

KNOW YOUR THOUGHTS, FEELINGS AND BEHAVIOURS (IDENTIFYING WARNING SIGNS) 2 OF 3

- ❒ "I can control it because I was able to stop using for awhile."
- ❒ "I am at my best when I drink or do drugs."
- ❒ "I can't talk to girls (or guys) unless I have a few drinks in me."
- ❒ "My life stinks. Getting high or drunk is the only way to deal with it."
- ❒ "Life is worse when I'm straight. I might as well get high or drunk."
- ❒ "There's nothing fun to do except party."
- ❒ "If I don't use alcohol or drugs, people will think that I'm a nerd."[21]
- ❒ other _____

SELF-DEFEATING BEHAVIOURS

- ❒ sleeping too much or too little
- ❒ not eating properly
- ❒ skipping school
- ❒ violating probation
- ❒ lying, "conning," stealing from others
- ❒ arguing with others or creating arguments on purpose
- ❒ not taking care of my physical appearance
- ❒ keeping to myself too much
- ❒ other _____

SOCIAL PRESSURES TO USE ALCOHOL OR DRUGS

- ❒ hanging around friends that use
- ❒ being invited to or actually going to parties
- ❒ problems refusing drugs or alcohol (it's hard to say no)
- ❒ feeling left out because I'm not using
- ❒ wanting to "fit in"
- ❒ family members getting drunk, stoned
- ❒ going to old hangouts
- ❒ other _____

PROBLEMS RELATED TO TREATMENT

- ❒ feeling that treatment or support groups aren't helping
- ❒ not going to support groups regularly
- ❒ not attending counselling
- ❒ not getting my family involved in my recovery
- ❒ my family not supporting my recovery
- ❒ having no goals or direction in my life
- ❒ other _____

21) Chiauzzi, E., and Liljegren, S. (1991). Staying Straight: A Relapse Prevention Workbook for Young People.

KNOW YOUR THOUGHTS, FEELINGS AND BEHAVIOURS (IDENTIFYING WARNING SIGNS) 3 OF 3

PROBLEMS WITH OTHER PEOPLE

- ❒ not trusting or feeling close to anyone
- ❒ alcoholics or addicts in my family dragging me down
- ❒ not having my friends
- ❒ having a girlfriend/boyfriend who uses
- ❒ worrying too much about others instead of myself, "people-pleasing"
- ❒ believing people expect too much
- ❒ feeling that I can't talk to anyone
- ❒ other _____

DESIRES, CRAVINGS, TEMPTATIONS OR TESTING MY CONTROL

- ❒ feeling tempted when there are drugs or alcohol in my home
- ❒ going to parties or old hangouts to test my recovery
- ❒ wanting a few drinks, hits, etc. to see if I can control my use
- ❒ seeing pipes, papers, bottles, etc., triggers a desire to use
- ❒ seeing or smelling alcohol/drugs makes me want to use
- ❒ smoking more cigarettes or drinking more coffee or pop
- ❒ other _____

OTHER FACTORS

- ❒ irregular sleeping habits
- ❒ lack of hobbies or interests
- ❒ wanting to celebrate special occasions with drug/alcohol use
- ❒ gambling
- ❒ listening to music that encourages drug/alcohol use
- ❒ difficulty handling stress
- ❒ physical pain
- ❒ having money
- ❒ other _____

First Things First
Your sobriety must come first. Period. Without that everything else will crumble.

RELAPSE QUESTIONNAIRE 1 OF 2

A "high-risk" situation is anything that puts you in danger of using alcohol or other drugs when you did not plan to use. This questionnaire is to help you more clearly identify your "high-risk" situations. Please put a check mark in the box next to those statements that apply to you.

I find it most difficult to stay away from alcohol/drugs:

1. when I pass by an arcade or run into friends who use. ❒
2. when I'm somewhere where I used to do drugs or drink. ❒
3. when I'm with other people who are drinking or using. ❒
4. when I feel no one really cares what happens to me. ❒
5. when I feel tense. ❒
6. when I'm with people I don't know. ❒
7. when I start thinking that just one drink, or using once, won't hurt me. ❒
8. when I feel depressed. ❒
9. when I have problems at home. ❒
10. when I feel I'm being punished unfairly. ❒
11. when I'm off school or work. ❒
12. when I feel happy with everything. ❒
13. when I have money to spend. ❒
14. when I remember the fun I had drinking or using. ❒
15. when there are arguments or fights at home. ❒
16. when I'm feeling resentful or angry. ❒
17. when I feel terrible. ❒

RELAPSE QUESTIONNAIRE 2 OF 2

18. when I'm at a party.	❒
19. when I start thinking I'm not really hooked on alcohol or drugs.	❒
20. when I feel myself getting angry.	❒
21. when there are special occasions like birthdays and holidays.	❒
22. when I start feeling frustrated and fed up with life.	❒
23. when I feel tired.	❒
24. when I feel other people are letting me down.	❒
25. when I have already used alcohol or other drugs, or cigarettes.	❒

Scoring the Relapse Questionnaire:

1. **Negative Emotions:** Score 1 for each of these numbers: 3, 4, 5, 7, 8, 9, 10, 15, 16, 17, 20, 22, 23, 24.

   Total: _____of 14

2. **Positive Emotions and External Situations:** Score 1 for each of these numbers: 1, 2, 11, 12, 13, 14, 18, 21.

   Total: _____of 8

3. **Testing Yourself:** Score 1 for each of these numbers: 6, 19, 25.

   Total: _____of 3

Score and total each section separately.

The higher the score in relation to the total number possible for each item will indicate the most dangerous area for relapse.

HOW I AM GOING TO STAY CLEAN?

Sometimes people think something is wrong when they get an urge to drink or use, but this is normal during the first part of recovery. After all, you once were drinking and getting high often and a variety of feelings, places or memories can trigger the urge to use alcohol and other drugs again. It's important to have a plan for dealing with these urges when they pop up. Without a plan, you might relapse, especially if the urge comes when you're having a bad day.

Take an index card, write your plan on the card, and keep it with you in your wallet, knapsack, pocket, wherever! Tape 35 cents to the card so you will always have money to make a phone call if you need to. It may mean the difference between staying clean or having a slip.[22]

Three people I can call if I get the urge to drink or use drugs:

AA/NA phone numbers: _____

1. _____
2. _____
3. _____

Three things I can do to get my mind off drinking or using:

1. _____
2. _____
3. _____

"Stay Clean Instructions"

1. Make the phone call. NOW.
2. Tell your friend you have an urge to use and that, instead, you will (choose activity) and will call again when finished.
3. Do the activity.
4. Make the follow-up call.

Name _____

_____

Phone number _____

Instead of using, I will: _____

Other Resources: AADAC poster: *101 Ways to Stay Clean and Sober.*

22) Fleming, M. (1991). How to Stay Clean and Sober: A Relapse Prevention Guide for Teenagers. (pp. 23-24).

MY RELAPSE PREVENTION PLAN

Here are some things that I can do if I want to avoid using alcohol or other drugs.

Three people I can phone for support are:

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Three things I can do to take my mind off wanting to use are:

1. _____ 2. _____ 3. _____

Safe places to go are:

1. _____ 2. _____ 3. _____

Things that I will lose if I use are:

1. _____ 2. _____ 3. _____

Consequences or results of using will be:

1. _____

2. _____

3. _____

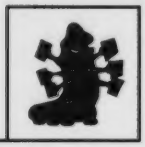
Rate your risk of relapse at this time:

<- - - -

MY PLANS FOR HIGH-RISK SITUATIONS

My high-risk situations are:	What I can do about it:
1.	1. 2. 3.
2.	1. 2. 3.
3.	1. 2. 3.
4.	1. 2. 3.

13) AADAC. (1997). Treatment Tools.



THE SOBER LIST - DOS AND DON'TS"

Do:

1. Go to a regular 12-step meeting, and/ or talk to a counsellor regularly.
2. Talk about your feelings.
3. Get involved in positive activities.
4. Spend time connecting with healthy friends.
5. Get enough sleep.
6. Eat properly.
7. Try to rebuild relationships with your parents.
8. Spend time doing fun things for yourself.

Add to the list:

9. _____
10. _____
11. _____

Don't:

1. Hang around friends who are still drinking or getting high.
2. Go to parties where there will be drinking or drugs.
3. Fall back into old behaviours, like skipping school.
4. Sit at home being bored.
5. Skip counselling or your support group.
6. Do things that you need to be dishonest about.
7. Drink or get high.
8. Overdo it (there's only so much you can get done in a day).

Add to the list:

9. _____
10. _____
11. _____

One is too many, and a thousand never enough.
One drink or joint is enough to set a dependent person off on a binge of partying, yet all the drugs in the world won't really give him/her what he/she is looking for.

19) AADAC. (1994). AYS: Peer Influence in Recovery.

-1

NOW THAT I AM NOT DRINKING/USING[13]

Since I've quit drinking/using, the best thing that has happened to me is:

The hardest thing I've had to face since I've quit drinking/using is:

Even though I'm not drinking/using anymore, I still have to understand that:

The best thing about not drinking/using anymore is:

The thing(s) I still need to work on with regard to my drinking or using is (are):

13) AADAC. (1997). Treatment Tools.

STRESS

STRESS IS: any change you must adjust to

Stress reduction is necessary for people with alcohol or drug problems. A person with an alcohol or drug problem often drinks or uses to cope with some stress in their life that, in turn, creates more stress. Stress is not only desirable, but essential to life.[13] It is how we react to stressful experiences that matters. People experience stress differently. Some people can't sleep or eat, or they have stomach problems or headaches.

Stress comes from three basic sources: the environment, the body or the mind. The following can help to identify these sources. Once a person recognizes their stress level it can be reduced. The following techniques can help reduce stress:

- Evaluate what you can control in your life, and focus on that.
- Practise progressive relaxation.
- Use relaxation/meditation tapes.
- Practise visualization techniques.
- Learn to recognize irrational thinking.
- Be assertive.
- Learn to use your time well.
- Learn biofeedback methods.
- Eat nutritiously.
- Exercise.
- Pay attention to your attitude.
- Slow down and think about what you can handle in your life.
- Prioritize what is important and do that first.
- Focus on what you absolutely must do right now and put the rest on hold.

Ask your counsellor if they have any relaxation tapes you can borrow, or check out your local library. If you need help with any of the above techniques, talk them over with your counsellor or someone who may have experience with stress management techniques.

Major sources of stress

Environment

- weather
- peer pressure
- noise
- social situation
- growing up in an alcoholic or drug-dependent family
- non-supportive relationship

Body

- nutrition
- sleep disturbance
- accident
- illness
- withdrawal
- physical addiction

Mind

- stinking thinking
- negative perceptions
- fears
- emotions
- psychological addiction

13) AADAC (1996). Treatment Tools

WHAT IF I HAVE A RELAPSE?

The decision to stop drinking or using other drugs will affect your life in many areas. Emotions that you previously avoided may come to the surface. Sometimes you just can't control everything in your life or handle every situation the way you plan to. There is a possibility that you might have a relapse and start drinking or using again. Think how you would feel about a relapse—guilty, angry, shameful, fearful. What could you do about it? It is important that you do not give up. We often have to try several times to make behaviour changes before they become permanent.

If you treat relapse as feedback, rather than as a failure, you can learn from it and prevent it from happening again. As you've learned already, a "slip" back into drinking or using begins long before taking the substance; it actually starts with the return of old attitudes and behaviours.[13]

1. What does relapse mean to you?

_____

_____

2. How would you handle the urge to drink or use?

_____

_____

3. How could you prevent relapse from happening?

_____

_____

4. If I drink or use again, I will tell these people:

a) _____

b) _____

c) _____

13) AADAC. (1997). Treatment Tools.

IF I HAVE A RELAPSE... 1 OF 2

If you do end up having a relapse, take some time to answer the following questions. Thinking about the relapse and analysing your behaviour may prevent a relapse from happening again.

1. What were the triggers that led to the use of alcohol or drugs? List as many as you can and rank them in order of most powerful to least powerful.

2. Who were you with? Where did it happen? When did the relapse happen?

Who? _____

Where? _____

When? _____

IF I HAVE A RELAPSE... 2 OF 2

3. What strategies, techniques or skills did you try to use to stop yourself from drinking or using?

4. What could you have done that would have reduced the likelihood of this relapse?

5. What could you do differently to avoid using in the future? Outline specific strategies to deal with your triggers.

6. What have you learned from this alcohol or drug use?

"IT'S YOUR LIFE..." 1 OF 2

You may find yourself in similar situations to these next three scenarios at some point. Write the script and plan how you would handle these situations in "It's Your Life..."

1. You've been staying away from alcohol and other drugs for a few weeks. Some of your friends know you're trying to quit, others don't. There's a big party coming up next weekend and you know that drugs and alcohol will be available there. What do you do?

2. You've just met a girl/guy that you are starting to really like. You get along well, they are fun to be with and you're hoping that they will want to see you more often. Then you find out that they use drugs regularly. You've been trying to quit and so far you've been able to do it. How do you handle this new relationship?

"IT'S YOUR LIFE..." 2 OF 2

3. You've been having a really hard time staying away from alcohol and other drugs. People you thought were your friends aren't helping you to stay clean—they're trying to get you to use. You just had a fight with your teacher and now you come home to find your mom passed out on the floor. What's left of her drugs and alcohol are sitting on the coffee table. It's been a rough day. What do you do in this situation?

SECTION 6

Gambling

This treatment package is intended for use by adolescent Addictions Counsellors as a resource when working with adolescents to address gambling issues. As with any treatment plan, matching the type and intensity of treatment to the individual adolescent is critical. This package is multi-dimensional in its approach to adolescent gambling as it provides components addressing prevention, intervention, and treatment. As such, this package supports the work done in Outpatient Programs, Day and Inpatient Treatment Programs, and Outreach Programs associated with adolescent clients. A variety of tools and techniques are included and should be used at the discretion of the Addictions Counsellor to best meet the needs of each individual client.

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ADOLESCENT GAMBLING INFORMATION

INTRODUCTION

Research findings indicate that adolescents (and in many cases adults) do not identify youth betting activities as being "gambling." Gambling is considered by many to be an adult activity that occurs in age-restricted settings (VLT lounges, casinos). The terms "betting, wagering and daring" are more commonly used to describe the gambling activities in which adolescents participate. This results in adolescent problem gambling behaviours going undetected or unacknowledged.

The prevalence of problem gambling among adolescents is higher than the adult rate – by 1.5 to 4 times.[24] Gambling activities have become an accepted part of our social structure and unless early prevention and intervention programs are put in place, the rates of adult problem gamblers will likely increase in the future. This is of particular concern as the majority of adults experiencing gambling problems fall between the ages of 18 and 34 years.[36]

24) Wynne Resources. (1996). Adolescent Gambling and Problem Gambling in Alberta

36) Wynne. H.J. (1994). A Description of Problem Gamblers in Alberta: Summary of Main Findings: Secondary Analysis of the Gambling and Problem Gambling in Alberta Study

DEFINITIONS

GAMBLING – Gambling is the act of risking money, property, or something of value on an activity with an uncertain outcome.

SOCIAL GAMBLING – Occasional gambling, done as a form of entertainment.

ADOLESCENT SOCIAL GAMBLING – 'Bet,' 'wager,' and 'dare' are words that are learned early in life, representing a way of demonstrating skill, knowledge, and luck. Children often use gambling games to acquire and refine new skills. The competitive nature of most adolescents makes pitting their personal skill, knowledge, or ability against a wager a method of enhancing self-esteem and identifying themselves as a winner. The average dollar amount an adolescent risks per month on gambling activities is $3.22.[24] What young people are really purchasing is entertainment, the fun of sharing a risk with friends, and the opportunity to be known as a winner.

PROBLEM GAMBLING – Problem gambling is a term used to indicate that a person's gambling behaviour is causing a wide range of harmful consequences. It includes compulsive gambling and pathological gambling. Problem gambling ranges on a continuum from minor to extremely serious. The gambling may cause only occasional problems in the adolescent's life – such as leaving the young person without spending money for a period of time. On the other hand, it may progress and have an ongoing negative impact on the adolescent and his or her family – resulting in the loss of valued possessions, family problems, and/or illegal activity.

ACTION AND CHASING – These two terms are used to describe the central experiences of gambling.[23] 'Action' describes a lifestyle where risk-taking and thrill seeking are the most important elements. 'Chasing' is the desire and attempt to "get even," "chasing bad money with good," in an effort to recoup previous losses.

23) Lesieur, H. (1993). Understanding Compulsive Gambling.
24) Wynne Resources. (1996). Adolescent Gambling.

SIGNS OF ADOLESCENT PROBLEM GAMBLING

Adolescent gambling is an ambiguous term. Gambling for many young people consists of "bets, wagers, and dares" often within the context of family, school, friends, and communities. Frequently, this is referred to as social gambling. Problem gambling for adolescents occurs when the shift from social gambling – what had been "no big deal" and "just for fun" – becomes very serious. Like all addictions, gambling begins to consume an individual's life. There are some warning signs that may indicate an adolescent is struggling with a gambling problem. These warning signs include:

- spending more time or money gambling than intended
- returning another day to win back money or possessions
- skipping school or work for reasons related to gambling
- arguing with friends and family about money and gambling
- borrowing or stealing money
- losing, selling or giving away possessions
- exaggerating or lying about the amount and frequency of wins
- getting excited about, or depressed about, sports results and sporting events
- worrying about money and possessions
- gambling and the results of gambling becomes overwhelming.

DEVELOPMENT OF ADOLESCENT PROBLEM GAMBLING

Frequently, it is difficult for adolescents, and the adults around them, to recognize the shift from social gambling to problem gambling. This difficulty arises as gambling as an addiction is often not a consideration. Unlike alcohol and other drugs, gambling has no telltale physical signs. Gambling does not have a smell like liquor and tobacco, pupils don't dilate, and bodily reactions can be credited to other things. The social consequences of adolescent gambling can also be credited to other things.

Adolescents will say things like:

> "The problem isn't gambling – the problem is lack of finances."
>
> "The problem isn't gambling – people just need to get off my back."
>
> "The problem isn't gambling – I just need to get my running shoes back before anyone notices them missing."

Adults will say things like:

> "The problem isn't gambling – he just needs to learn to manage his money."
>
> "The problem isn't gambling – she just needs to understand there are rules in this family."
>
> "The problem isn't gambling – they need to learn to take care of their possessions."

Compounding this are the differences between adult gambling and adolescent gambling activities. Adults gamble primarily to win money and for entertainment. Adolescents gamble for entertainment or fun, the excitement or challenge involved, and thirdly to win money. Adult gambling activities include casinos, coin slots, horse racing, and lottery tickets. All of these are licensed and are illegal for adolescents to participate in.

Adolescents stake their money and personal possessions on dares, wagers and bets. Adolescents tend to favour gambling games that have an element of skill attached, like card games, sports betting, and pool. These games share several features: all include a definite level of skill, they are predominantly male activities, and there is no legal age restriction. Research[24] indicates that the following list of activities has been identified as the "Preferred Gambling Activities" for adolescents:

- card games
- sports betting
- pool
- raffles and 50-50 tickets/draws
- scratch tickets
- lotto
- bingo
- proposition wagers
- arcades
- coin flipping
- horse races
- midway games

In a comparison between adolescent non-problem gamblers and adolescent problem gamblers, both groups agreed that "proposition wagers" were equally weighted. A proposition wager involves making wagers on events that occur in our daily lives. These include bets on test results, baby pools, and who will be dating whom in a specified time period. These wagers often result in the transfer of money, services, or possessions, but not always. Sometimes, the win is not tangible, but the payoff is prestige and "bragging rights."

24) Wynne Resources. (1996). Adolescent Gambling.

TYPES OF GAMBLERS

Adolescent problem gamblers tend to fall into one of two categories: thrill seekers or avoiders.

THRILL SEEKERS have little tolerance for losing, are preoccupied with being identified as a winner and gain personal prestige through gambling activities. These individuals tend to disregard or ignore the negative consequences associated with their behaviours.

AVOIDERS have a binge aspect associated with their gambling. They use these activities as a way of dealing with negative emotions.

Often adolescent gamblers don't fit neatly into either category. Sometimes a problem gambler will exhibit symptoms of both types. Like alcohol and other drug abuse clients, each client should be assessed for individual needs.

CHARACTERISTICS OF ADOLESCENT PROBLEM GAMBLERS

Adolescents who develop problems with gambling frequently suffer from low self-esteem and crave peer acceptance. Many are from homes where one or both parents gamble openly, and their first gambling experience occurred at an early age. These young people—driven by their quest for achievement, competition and success—display a low tolerance for mistakes or failure, demonstrate poor problem solving and coping skills. The generalized characteristics of adolescent problem gamblers are as follows:

- had their first gambling experience at a younger age (often before 10)
- live in homes where one or both parents gamble regularly and openly
- display poor school performance
- admit to feelings of anxiousness, depression, and being worried or upset
- are more likely to be male (62% male vs 38% female)
- are more likely to be Aboriginal
- are males who favour games of skill (pool, cards, sporting events)
- are likely to be smokers
- are more likely to be frequent or heavy drinkers of alcohol
- are more likely to use illicit drugs

SUBSTANCE ABUSE AND ADOLESCENT PROBLEM GAMBLING

Adolescent problem gambling and substance abuse have much in common. In both cases, young people expect a mood change – providing both an escape from, and a way of coping with, the realities of their lives. Regardless of the high price necessary to achieve the desired effect, each is perceived as a way of avoiding pain and increasing pleasure. Home life, relationships, work/school and recreation activities begin to suffer. Along with financial and legal difficulties, adolescents have trouble coping, as they are no longer in control of their lives.

Adolescent problem gamblers[24] report a higher incidence of smoking, alcohol use, and substance use (notably marijuana) as compared to adolescent non-problem gamblers. Just as adolescent gamblers feel an increased level of prestige and self-esteem when winning, these adolescents also report smoking "to be cool," and subsequently enhancing their image with friends. Problem gamblers report heavier usage of alcohol, indicating five or more drinks per session, and are more likely to be using illicit drugs. For many adolescents, gambling, smoking, alcohol, and other drugs are a way of raising their self-image and establishing themselves within their circle of friends.

It is frequently assumed that, because gambling is not a process of ingesting a substance into the physical system, a physical reaction or "high" is not achieved; however, excessive gambling can result in exhaustion and physical manifestations of anxiety. The gambling "high" is a trance-like state that allows the individual to exclude the world around them. This is often identified as losing track of time and place, feeling like a different person, having out-of-body experiences, being in a trance, and experiencing memory blackouts. The most likely experience is to lose track of time. As one young person put it:

> "We have two minutes between classes, but when we are making a deal we stay for ten minutes. I go to class and everyone is working. I was still waiting for the bell to ring."[24]
>
> - Adolescent respondent in Adolescent Gambling and Problem Gambling in Alberta.

The correlation between problem gambling and substance abuse for both adolescents and adults suggests that the groundwork for these destructive patterns is created early in an individual's development. Therefore, emphasis needs to be placed on increased awareness, prevention, and early intervention programs that address these issues as early as possible.

24) Wynne Resources. (1996) Adolescent Gambling

SCREENING AND ASSESSMENT

INTRODUCTION

Screening is the first step in accurately identifying clients who require further assessment of their gambling behaviours. Screening for problem gambling generally examines two aspects of gambling behaviours. One aspect is whether the frequency of the gambling can be considered excessive. The second aspect is whether there are significant negative consequences of gambling, either evident to the client or evident to others who are closely associated with the adolescent.

Assessment focuses on the impact gambling behaviours have had on the Major Life Areas of the adolescent. Assessment is the first step in the treatment process. It involves determining that a behaviour predominates, and it accurately details the specific nature of the problem the individual is experiencing. Assessment is a mutually cooperative process and, when done well, can be motivating for the adolescent.

Adolescents will appreciate an explanation of the assessment process, gaining an understanding that this session or sessions will seem somewhat different from future sessions. Emphasize the importance of assessment as the foundation for further counselling. Just as it is critical that a doctor have a complete understanding of the reason for your high fever prior to prescribing medication, the client and counsellor must have an accurate and extensive understanding of the impact of gambling behaviours before planning a course of action.

WHAT TO SCREEN FOR

Typically, clients seek help for their gambling when they are in crisis. It is important to identify if a client is in crisis and, if so, what is causing it. For adults, a financial emergency is the most common reason problem gamblers seek help. This may not be the case for adolescents – it will be important to determine the nature of the adolescent's predicament.

During screening and assessment, some issues may arise which require referral to more appropriate agencies. Knowing when and where to refer is a critical professional responsibility. The Addictions Counsellor may want to refer to another agency when results of the assessment indicate signs of:

- suicide risk
- physical health problems
- mental health issues (e.g. depression)
- legal problems
- educational/vocational problems

The research indicates that adolescents with gambling problems are more likely to be smokers, heavy drinkers and users of illicit drugs. An additional screen for these concerns should be part of the screening and assessment process.

ADOLESCENT GAMBLING SCREENS

South Oaks Gambling Screen (Revised for Adolescents) SOGS-RA

The 16-item South Oaks Gambling Screen (Revised for Adolescents) (SOGS-RA) is based on the criteria for pathological gambling from the DSM-IV.

Administration

The SOGS-RA can be administered as either a questionnaire or an interview.

Scoring Instructions

The SOGS-RA reflects current gambling behaviours, as represented by the past 12 months.

This screening system provides the most common classification system used for adolescents, grouping gambling severity into three categories. The first is "non-problem" gamblers. This category indicates the absence of gambling problems and is indicated by low scores, ranging from 0 to 2 on the SOGS-RA.

The next category is referred to as "at-risk" gamblers. This category includes gamblers who are experiencing some level of problems from their gambling but have not yet progressed to the most serious or severe level. SOGS-RA scores ranging from 3 to 4 indicate this level.

The final category is that of "problem" gambler, which describes a gambler who is experiencing significant and severe problems as a result of his or her gambling. The original SOGS labeled this category "probable pathological" but it has been modified to "problem" in subsequent SOGS-based systems to better describe the problem gambling patterns of adolescents. This, generally the most severe level of classification, is usually indicated by a score of 5 or more.

SOUTH OAKS GAMBLING SCREEN[34] 1 OF 3

1. Indicate how often, if at all, you have done these activities in the past 12 months. Check one box for each activity.

	DURING PAST 12 MONTHS				
	Never	Less than Monthly	Monthly	Weekly	Daily
a) Played cards for money	❒	❒	❒	❒	❒
b) Flipped coins for money	❒	❒	❒	❒	❒
c) Bet on games of personal skill, like pool, golf or bowling	❒	❒	❒	❒	❒
d) Bet on sports teams	❒	❒	❒	❒	❒
e) Bet on horse or dog races	❒	❒	❒	❒	❒
f) Played bingo for money	❒	❒	❒	❒	❒
g) Played dice games (such as craps or over-and-under)	❒	❒	❒	❒	❒
h) Played slot machines, video lottery machines (VLTs) or other gambling machines	❒	❒	❒	❒	❒
i) Played scratch tickets or pull-tabs	❒	❒	❒	❒	❒
j) Played the lottery by picking numbers	❒	❒	❒	❒	❒
k) Played video games or arcade games for money	❒	❒	❒	❒	❒
l) Bet on anything else for money	❒	❒	❒	❒	❒

2. What is the largest amount of money you have ever gambled with, in the past 12 months?

❒ $1 or less
❒ More than $1, up to $10
❒ More than $10, up to $49
❒ $50-$99
❒ $100-$199
❒ $200 or more

3. Do either of your parents play any games of chance for money?

❒ Yes
❒ No
❒ I don't know

34) Winters, K.C., Stinchfield, R. & Fulkerson, J. (1993). Toward the development of an adolescent gambling problem severity index. Journal of Gambling Studies 9 (1).

SOUTH OAKS GAMBLING SCREEN 2 OF 3

4. Do you think that either of your parents gamble too much?

- ❒ Mother only
- ❒ Father only
- ❒ Both mother and father

If yes, which one?

- ❒ Mother only
- ❒ Father only
- ❒ Both mother and father

5. In the past 12 months, how often have you gone back another day to try to win back the money you lost?

- ❒ Every time
- ❒ Most of the time
- ❒ Some of the time
- ❒ Never

6. In the past 12 months when you were betting, have you ever told others you were winning money when you really weren't winning?

- ❒ Yes
- ❒ No

7. Has your betting money, in the past 12 months, ever caused any problems for you, such as arguments with family and friends, or problems at school or work?

- ❒ Yes
- ❒ No

8. In the past 12 months, have you ever gambled more than you had planned to?

- ❒ Yes
- ❒ No

9. In the last 12 months, has anyone criticized your betting or told you that you had a gambling problem, regardless of whether you thought it was true or not?

- ❒ Yes
- ❒ No

10. In the past 12 months, have you ever felt badly about the amount you bet, or about what happens when you bet money?

- ❒ Yes
- ❒ No

11. Have you ever felt, in the past 12 months, that you would like to stop betting money but didn't think you could?

- ❒ Yes
- ❒ No

12. In the past 12 months, have you ever hidden, from family or friends, any betting slips, IOUs, lottery tickets, money that you've won, or other signs of gambling?

- ❒ Yes
- ❒ No

SOUTH OAKS GAMBLING SCREEN 3 OF 3

13. In the past 12 months, have you had money arguments with family or friends that centered on gambling?

- ❒ Yes
- ❒ No

14. In the past 12 months, have you borrowed money to bet and not paid it back?

- ❒ Yes
- ❒ No

15. In the past 12 months, have you ever skipped or been absent from school or work due to betting activities?

- ❒ Yes
- ❒ No

16. Have you borrowed money or stolen something, in order to bet or to cover gambling debts, in the past 12 months?

- ❒ Yes
- ❒ No

If yes, mark from whom or where you got the money or goods (mark all that apply).

- ❒ Parents
- ❒ Brother(s) or sister(s)
- ❒ Other relatives
- ❒ Friends
- ❒ Loan sharks
- ❒ You sold personal or family property
- ❒ You passed a bad cheque on your chequing account
- ❒ You stole from someone

GAMBLERS ANONYMOUS SCREEN

The Gamblers Anonymous Screen has twenty questions that are asked of new members. This screening tool has not been tested empirically, but can be helpful and useful as a motivational tool. This Screen has been modified to reflect the experiences of adolescent gambling behaviours.

ADMINISTRATION

The Screen is self-administered. Youth may complete this questionnaire at any time during the assessment process.

SCORING

The generally accepted cut-off point for identifying adolescent problem gambling is a score of 7 out of 20. This score is an arbitrary point for differentiating between problem and non-problem gambling. It is incumbent upon the counsellor to use this tool and its results with discretion, and as an adjunct to his/her own clinical judgment and experience.

GAMBLERS ANONYMOUS 20 QUESTIONS

1. Do you lose time from school or work due to bets, wagers, and dares?
2. Does gambling make your home life unhappy?
3. Do bets, wagers, and/or dares affect your reputation?
4. Do you ever feel sad or guilty after gambling?
5. Do you ever make bets, wagers, or dares to get money with which to pay debts or to solve other financial difficulties?
6. Does gambling cause a decrease in your ambition or efficiency?
7. After losing, do you feel you must return as soon as possible and win back your losses?
8. After a win, do you have a strong urge to return and win more?
9. Do you often bet until your last dollar is gone?
10. Do you ever borrow to finance your gambling?
11. Do you ever sell anything to finance your bets, wagers, or dares?
12. Are you reluctant to use "betting money" for normal expenditures?
13. Does gambling make you careless about the relationships with your family?
14. Do you ever bet, wager, or dare for longer than you planned?
15. Do you ever make bets, wagers, or dares to escape worry or trouble?
16. Do you ever commit, or consider committing, an illegal act to finance your bets, wagers, and dares?
17. Does gambling cause you to have difficulty sleeping?
18. Do arguments, disappointments or frustrations create within you an urge to gamble?
19. Do you have an urge to celebrate good fortune by a few hours of bets, wagers or dares?
20. Do you ever consider hurting yourself as a result of your gambling?

If you answer yes to at least seven of the 20 questions, or are concerned that your gambling is becoming a problem, help is available.[25]

25) Gamblers Anonymous. (1984). 20 Questions. (Adapted)

GAMBLING SCREENING/ASSESSMENT QUESTIONNAIRE

The following assessment questions can be used to gather information about your client's gambling activities.

- How old were you when you had your first gambling experience?
- Who were you with?
- What were you doing?
- Can you remember how you felt?
- Can you remember what you were thinking?
- What did it feel like when you had your first 'win?'
- When you are with your friends, is betting, wagering and/or daring part of what you do to help you "loosen up," "fit in?"
- When you first started gambling, what kinds of activities would you be doing?
- How did you feel when you were losing?
- What did you hope the bets, wagers, and dares would do for you?
- What is your definition of a social gambler?
- How many different kinds of gambling activities did you participate in when you first started gambling?
- How often did you gamble?
- How often do you gamble now?
- Is there a time that you bet, wager and dare more (like during the weekend, holidays)?
- Has there been a change in your grades at school? (if attending)
- Have your parents ever bugged you about your grades or your schoolwork?
- Have your parents ever complained about your bets, wagers or dares?
- Have your friends ever complained about your gambling activities?
- What kinds of things have your parents had to say about your friends?
- Do you see any changes in the way you gamble now as compared to the first time you made a bet, wager or dare?

STAGES OF GAMBLING

From Problem Identification to Change and Control

Denial/Minimizing It's not that bad, what's the big deal?

Bargaining Please let me win, just one more time. I promise I'll quit after this next win.

Hope I'll win this week; I'm due.

Sadness I've made some bad mistakes.

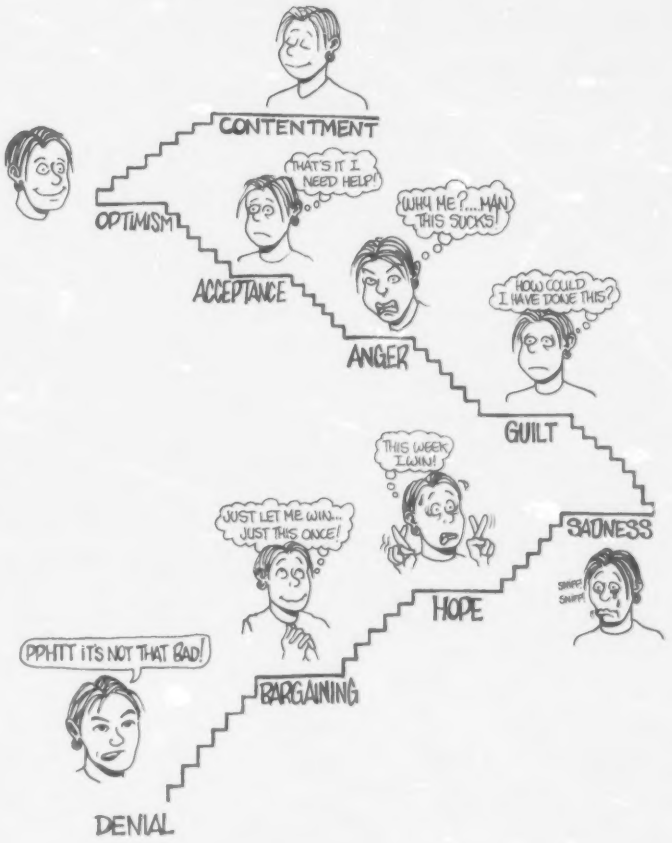
Guilt/Shame How could I have done this?

Anger (general or specific)

Acceptance I need help; I can't gamble again.

Optimism I feel stronger all the time; I'm starting to feel good again.

Contentment I can relax a bit now; I have ways other than gambling to cope.



PROBLEM GAMBLING DANGER SIGNALS QUESTIONS FOR TEENS

1. Do you find bets, wagers, and/or dares to be the most exciting activity you do?
2. Do you often spend your free time (e.g. weekends, holidays, summer vacations) involved in bets, wagers, and/or dare activities such as poker, lottery, etc?
3. Do you try to prevent your family and friends from knowing how much and how often you gamble?
4. Do your friends gamble?
5. Do you often daydream about bets, wagers, and/or dares?
6. Do you often gamble during lunch, breaks, after school hours, or on weekends?
7. Do you miss school or other important events due to bets, wagers, and/or dares activities? (If so, how often?) _____
8. Do you often dream of solving your problems by making a big win?
9. Do you ever lie about your bets, wagers, and/or dares? For example, do you ever tell people that you did not gamble or that you had won money on bets, wagers, and/or dares when in fact you had lost money or possessions?
10. Have you ever gotten into arguments with others because of bets, wagers, and/or dares?
11. Do you feel that people look up to you when you are winning?
12. Do you find that bets, wagers, and/or dares allow you to get attention from others?
13. Do you ever borrow money to gamble?
14. Do you ever gamble with money that is supposed to be used for another purpose (e.g., lunch, bus, to buy clothes)?
15. Have you ever stolen money or property from family members, friends, or employers, or shoplifted in order to gamble or pay bets, or wagers?
16. Do you believe that bets, wagers, and/or dares are a fast and easy way to earn money?
17. Do you get upset or irritable if you are unable to gamble?
18. Do you most want to gamble when you are under stress?
19. Do you often feel depressed or guilty because you lost money bets, wagers, and/or dares?
20. Is it hard for you to stop making or taking bets, wagers, and/or dares after you lose money?
21. Do you return to bets, wagers, and/or dares after losing money in order to win it back?
22. When you win, do you want to return to gamble as soon as possible because you believe that you will continue winning?
23. When you start to gamble, do you often continue to play longer than you had intended and lose more money than you had intended?
24. When you bet, wager, and/or dare do you tend to lose track of time and forget about everything else?
25. Do you find that your involvement in bets, wagers, and/or dares makes it hard for you to concentrate on schoolwork?

If you answered yes to any of these questions you may want to think carefully about your bets, wagers, and/or dares and the impact they are having on your life[26]

26) Addictions Foundation of Manitoba. (1995). Keeping Your Shirt On. (Adapted)

YOUTH GAMBLING SCREEN[13]

1. Have you gambled in the last six months?

- ❒ Yes
- ❒ No

2. In the past 6 months have you participated in any of the following gambling activities? Check as many of these that are true for you.

- ❒ Played cards for money or other belongings.
- ❒ Played other games of skill (golf, pool, board games) for money or other belongings.
- ❒ Bet on sporting events.
- ❒ Bought lottery tickets.
- ❒ Played slot machines, video lottery machines (poker machines).
- ❒ Played pull-tab or scratch tickets.
- ❒ Played bingo for money.
- ❒ Played arcade or video games for money.

3. In total, how often do you participate in gambling activities?

- ❒ Once a week or less.
- ❒ 2 to 3 times a week.
- ❒ More than 3 times a week.

4. In the past 6 months have you spent more time or money than you wanted to on any of these activities?

- ❒ Yes
- ❒ No

5. Is gambling one of the main activities that you do for fun or excitement?

- ❒ Yes
- ❒ No

6. In the past 6 months has doing any of the gambling activities mentioned in this worksheet created problems for you?

- ❒ Yes
- ❒ No

7. Do you sometimes miss school or other things that are important to you in order to gamble?

- ❒ Yes
- ❒ No

8. In the past 6 months have you been concerned about taking part in these activities?

- ❒ Yes
- ❒ No

9. Has anyone expressed concern about your gambling?

- ❒ Yes
- ❒ No

10. How often do your friends gamble?

- ❒ More than you do.
- ❒ Less than you do.
- ❒ About the same as you do.

11. How often do your family members gamble?

- ❒ More than you do.
- ❒ Less than you do.
- ❒ About the same as you do.

13) AADAC. (1997). Treatment Tools. (Adapted)

WHAT ABOUT SUICIDE?

Suicidal acts are generally associated with a significant crisis in the adolescent's life. It is important to stress that the crisis may seem insignificant or manageable to the adults around, but very significant to the adolescent. Many more teenagers attempt suicide than succeed, and the methods used may appear naïve. There is a tendency to treat perceived minor attempts as histrionic, attention-seeking, and of no real importance. This could be a fatal mistake. When an adolescent has attempted suicide and has not received any relief from his or her situation, there may well be a successful repeat of the suicide attempt. All suicidal behaviour and ideation is a cry for help and must be taken seriously.

The following are some of the signs adolescents may display if they are contemplating suicide:

- eating and sleeping habits change
- withdrawing from friends, family, and regular activities
- exhibiting violent actions or rebellious behaviour, or running away
- using drugs and alcohol
- neglecting personal appearance
- changing personality
- exhibiting persistent boredom, difficulty concentrating, declining quality of schoolwork
- complaining often about physical symptoms related to emotions (stomach aches, headaches, fatigue, etc.)
- losing interest in pleasurable activities
- being unable to accept praise or rewards
- complaining about being a bad person or feeling "rotten inside"
- giving verbal hints with statements such as "I won't be a problem much longer," "nothing matters," "I won't see you again"
- putting his or her affairs in order, for example, giving away favourite possessions, cleaning his or her room, throwing away important belongings
- becoming suddenly cheerful after a period of depression
- showing signs of psychosis (hallucinations or bizarre thoughts)

What You Can Do to Help

Always take a suicidal statement seriously and seek evaluation from a psychiatrist or other medical professional. Talking about death makes most of us feel uncomfortable. However, asking an adolescent about his or her state of depression and suicidal thoughts can often be helpful. Rather than putting thoughts in the young person's mind, such a question will

provide assurance that somebody cares and will provide the opportunity and resources to work through the problem.

1. Ask the adolescent if suicidal thoughts are prevalent.
2. Listen openly and without judging. Remember what may appear insignificant and manageable to you may be overwhelming to the adolescent.
3. Believe what is said and take all threats seriously.
4. Never keep an adolescent's suicidal feelings a secret.
5. Reassure the young person that help is available, and support and encourage him/her to reach out to resources in the community.
6. Share responsibility by getting others involved.

Act immediately if you feel someone is at imminent risk for suicide by involving others who can help. If necessary, make contact with the police, emergency services or a hospital to ensure the person's safety.

SUBSTANCE ABUSE SCREENING

Adolescents referred for problem gambling assessment should also be screened for alcohol and substance abuse. The correlation between problem gambling and increased levels of smoking, heavy consumption of alcohol and use of illicit drugs is clear in adolescent research. Refer to the alcohol and drug section in this manual for further information on substance abuse screening tools.

Examples:

Personal Experience Screen Questionnaire (PESQ): page 36.

Treatment Goals Checklist: page 104.

COUNSELLING AND TREATMENT FOR ADOLESCENT GAMBLERS

INTRODUCTION

Treatment planning is a critical component of working with adolescents. Screening and assessment provide the information needed to develop a sound treatment plan. However, the effectiveness of the plan depends on regular review and modification. Treatment itself actually begins during the assessment phase. Sometimes adolescents are able to make significant changes in their behaviour on the basis of assessment alone.

Matching the type and intensity of treatment to the adolescent is critical. As with most other addiction problems, the principle of least intrusive therapy also applies to problem gambling. This means applying a sufficient level of treatment to meet the treatment goals. One approach may be sufficient for an adolescent who has experienced minimal disruption as a result of gambling behaviours. More severe disruption in a number of Major Life Areas may require a multi-dimensional approach. This section contains treatment suggestions for Outpatient, Day, and Inpatient Treatment Programs. Some of the suggested approaches can be used in any treatment setting; others have been developed for specific service delivery modalities. All can be modified, and should be used at the discretion of the individual Addictions Counsellor, to best meet the needs of their clients.

Like all addictions, problem gambling affects a number of areas of the adolescent's life. Focusing on problem gambling for an adolescent can be ambiguous and confusing. Breaking this down into how gambling and gambling activities have affected specific areas of life makes the treatment and recovery process more manageable. For this reason this section has been broken down into the Major Life Areas. Adolescents will be asked to identify how their gambling behaviours have had an impact on their MLAs as part of the treatment planning process.

COUNSELLING APPROACHES

There are many approaches available for the treatment of adolescent problem gamblers. A multi-modal approach, or a collection of strategies, seems most helpful in assisting adolescent problem gamblers.

STAGES OF CHANGE

Adolescents do not always enter into counselling ready to change. Addictions Counsellors who work with adolescents often see clients who have been "sent" to counselling because someone else has identified a "problem." Understanding where the client "is at" has proven beneficial when counselling young people struggling with substance abuse. The same is true for gambling clients. James Prochaska, Carlo DiClemente and John Norcross have developed

a Transtheoretical Model of the Stages of Change that is helpful in working with adolescents. They believe that change occurs over time and that people making changes in addictive behaviour proceed through a predictable series of stages.

Adolescents move from being unaware or unwilling to do anything about their problems ("the problem isn't gambling, I've never gambled in my life, I'm only 15 and can't get into a bar..."), to considering the possibility of change ("I spend all of my allowance on poker every week...but it's my entertainment, it's how we hang out."). Ambivalence in this stage is normal and concludes when the adolescent achieves a willingness to change. Next, adolescents prepare to make changes and begin planning how they will accomplish the desired change ("If I only take $5.00 with me I have to bow out of the poker game when the money is gone."). Finally, clients move to the action stage and will use the counsellor to obtain support and monitor their success ("I know that if I go to Bob's on Friday night they will be playing poker, if I go Saturday night we will rent a movie instead."). Research shows that the action stage can vary in length depending on the client and the severity of the presenting problem. In the maintenance stage the new behaviour becomes firmly established and the threat of relapse is less frequent or intense.

Precontemplation

(Adolescents are introduced to risks and behaviours of problem gambling, behaviours that may not yet be defined as gambling.)

At this stage, adolescents can be thought of as not ready to change. They have not yet conceived of or considered the possibility or need for change. They are likely aware of their behaviour but are not defining it as a problem, as they have not yet made the link between the behaviour and its negative consequences. Often these young people are labeled as resistant or in denial, as they are responding or not responding to someone else's perception of their problem.

The Best Way to Help:

- Raise doubts; challenge irrational thinking around odds and probability.
- Increase the adolescent's perception of the risks and problems with gambling, betting, wagering or daring behaviours.

Contemplation

(Adolescents will develop an understanding and awareness of psychological and social influences surrounding decision-making with respect to gambling.)

This stage of the change process starts when a young person recognizes there may be a problem needing change and ends when the adolescent concludes that there is a problem that needs to be changed. In between these two end-points, young people experience ambivalence – both considering and rejecting change. This ambivalence is normal and understandable as contemplation is about achieving the willingness to change.

The Best Way to Help:

- Tip the decisional balance; challenge the assumptions that there are many ways to achieve popularity, respect and happiness that are not linked to winning at gambling activities.
- Evoke reasons to change, assist adolescents to identify how the Major Life Areas will be different at home, at school, in the community, and with their friends if a change is made in gambling behaviours.
- Identify risks of not changing.
- Strengthen adolescents' self-efficacy for change of current gambling, betting, wagering and daring behaviours.

Preparation

(Adolescents will have identified personal gambling behaviours that may require change. These young people will be able to identify barriers to change and begin planning how these barriers will be addressed.)

In the preparation stage, adolescents plan how they will accomplish the desired change. Strategies need to be specific, realistic and appropriate. Adolescents seem ready and committed to make a serious attempt at change. It is important to remember that enthusiasm does not always equal skill. There may be many barriers to overcome in order for the adolescent to be successful; these must be planned for.

The Best Way to Help:

- Help the adolescent determine the best course of action to take in seeking change.
- Remember that enthusiasm does not always equal skill at this point.

Action

(With support, adolescents will seek out community resources that will assist them in addressing personal gambling issues. These young people will be prepared to implement strategies that address barriers and enhance opportunities.)

Adolescents in this stage may seek out and use the community resources of counsellors, therapists and treatment programs.

The Best Way to Help:

- Help the adolescent take steps toward change. Assist in addressing the barriers the adolescent may face and develop strategies to surmount or avoid these barriers.
- Help the adolescent identify high-risk situations and to develop and use strategies to prevent relapse.

Maintenance

(Ongoing support for the adolescent will provide time and opportunity for the adolescent to firmly establish new behaviours and patterns.)

New behaviours become firmly established in this Stage of Change. Adolescents need to be realistic in their understanding of the length of time required to make changes. The desire to return to old behaviours is still possible, however, it becomes less frequent and less intense. Relapsing, or returning to old behaviors, is unsettling for adolescents and they will need help in making sense of how and why this happened.

The Best Way to Help:

- Monitor behaviour change through monthly follow-up.
- Help the adolescent identify and use additional community contacts and resources for personal support.

TALKING TO ADOLESCENTS WHO MAY HAVE A GAMBLING PROBLEM

Motivational Interviewing, developed by Miller and Rollnick (1991)[2] is a way to help people recognize and do something about their present or potential problems. It is especially useful with adolescents who are either reluctant to change or ambivalent about changing. Sometimes the greatest help we can offer is helping an adolescent resolve ambivalence and move along the path toward change.

Strategies that have proven most beneficial with adolescents include those that are not authoritative or demanding. The use of strategies that are supportive and persuasive, rather than coercive or argumentative, have been found to be most beneficial, as a positive atmosphere conducive to change is created. This encourages internal change rather than imposing external change on the adolescent. Although external change may offer immediate results, it is seldom indicative of long-term behaviour change in the community or the individual.

The five principles of motivational interviewing[2] are outlined below and can be useful in allowing adolescents to identify their problem and seek additional help.

2) Rollnick, S., and Miller, W. (1991). Motivational Interviewing.

Express Empathy

- Acceptance facilitates change.
- Practice skillful reflective listening.
- Ambivalence is normal.

Develop Discrepancy

- Awareness of consequences is important.
- Consequences that conflict with important goals favour change.
- Presentation of the arguments for change should be made by the adolescent.
- Labeling is unnecessary.

Avoid Argument

- Arguments are counterproductive.
- Defending breeds defensiveness.
- Resistance is a signal to change strategies.

Roll with Resistance

- Momentum can be used to good advantage.
- Perceptions can be shifted.
- New perspectives are invited but not imposed.
- The adolescent is a valuable resource in finding solutions to problems.

Support Self-Efficacy

- Belief in the possibility of change is an important motivator.
- The adolescent is responsible for choosing and carrying out personal change.

Challenge your assumptions; opportunity for adolescents to openly consider change is created when the following assumptions are NOT imposed upon them.

1. THIS PERSON OUGHT TO CHANGE. This assumption is difficult to avoid, as we tend to place a high value on healthy choices and believe that change would be a good idea. Do not be dishonest in this. Either hold back on personal views or present them honestly and openly in a non-threatening manner. "I think it would be a good idea to change your gambling, but what do you think about this?" Expressing your opinions in a relatively neutral and non-judgmental way places emphasis on the adolescent's freedom of choice.

2. THIS PERSON WANTS TO CHANGE. This assumption is easy to avoid. Ask the adolescent! It is important to remember that motivation to change is not an all-or-nothing phenomenon. It is a question of degree, so be careful of questions like "Do you or don't you want to get help?" Cautious wording of questions and an open general attitude can help facilitate an honest discussion with the adolescent.

3. IF THIS ADOLESCENT DOES NOT DECIDE TO CHANGE HIS/HER BEHAVIOUR, I HAVE FAILED. This is unrealistic and far too ambitious. Deciding to change is a process, not an event, and it takes time. Adolescents will vacillate between feeling ready to take action and feeling unready to even think about it. Simply helping an adolescent think a little more deeply about change is a useful opportunity, as it leaves room for the decision to be made now or in the future.

4. ADOLESCENTS ARE EITHER MOTIVATED TO CHANGE OR THEY ARE NOT. Being ready to change varies between individuals, within individuals, and over time. The best we can hope to offer is a degree of influence over time.

5. NOW IS THE RIGHT TIME TO CONSIDER CHANGE. It might be, it might not be. Choosing the right time to change is a delicate matter, and the best guideline is the adolescent's reactions. Choose the right moment, and move ahead at a comfortable pace, as this will assist the adolescent in making a good decision.

6. A TOUGH APPROACH IS ALWAYS BEST. No, it is not. Most adolescents are not encouraged to change when faced with this approach. In some situations, being frank and direct might be justified. But do not assume this is necessary or beneficial for every adolescent. Adolescents do not like being cornered and so will resist. A tough approach tends to produce a more hard-line directive response, which in turn creates a greater resistance.

7. I'M THE ADULT (EXPERT). HE OR SHE MUST FOLLOW MY ADVICE. Negotiation will obviously not work in this situation. The adult experience or expertise is irrelevant; what is important is how this experience or expertise is used. An adolescent needs to feel in control, and will follow guidance only as long as it continues to feel helpful and relevant.

TALKING TO ADOLESCENTS ABOUT CHANGE

What do you think has to change?

What could you do now?

What is going to happen now?

How would you like things to turn out for you, ideally?

What are some of the good things about: How things are now (gambling)? Making a change?

What are some of the not so good things about: How things are now (gambling)? Making a change?

What do others (parents, teachers, etc) think you have to change?

Five years from now what will your life be like if: You continue gambling? You change your gambling behaviours?

INFLUENCES ON GAMBLING ATTITUDES AND BEHAVIOUR

1. Personality and Experience

- Risk-taking tendency
- Competitiveness
- Money available
- Leisure time
- Self-esteem
- Experience with gambling

2. Family Background

- Success of family environment in fostering self-esteem
- Family attitudes and habits related to gambling
- Attitudes towards money and material wealth
- Willingness to "bail out" family member in debt
- Money available to the family

3. Social Environment

- Friends' attitudes and gambling habits
- Broader social values related to gambling, money, winning
- Opportunities to gamble
- Laws
- Availability of other things to do

WHAT'S MY MOTIVATION TO CHANGE MY GAMBLING BEHAVIOURS?

Motivation: State of readiness, or eagerness to change.

Stakes: Why others want me to make changes.

Payout: Why I want to make changes.

Stakes	Payout

WEIGHING STAKES AND PAYOUTS

Stakes are important but the payout is the motivation.[25]

Things I can do today to tip the scales.

(Sometimes when we decide to make change we want it to happen all at once. Usually, this strategy doesn't work so well. Doing a little bit today can make a huge difference in the future. Try to think in terms of little bits of things you can do that you know you can achieve. You are better off doing little things consistently than trying to do it all at once because, temporarily, it is too much.)

1. _____

2. _____

3. _____

4. _____

35) AADAC. (n.d.) Action Program Handbook. (Adapted)

RESOLVING AMBIVALENCE

Ambivalence is a feeling that occurs when you are not sure about something. There may be two conflicting pulls in different directions, to accept the bet or not to accept the bet. There may be reasons to support each decision. It is often helpful to look at both sides. Once you have done so, it will be easier for you to know why you are making the decisions and choices that you are.

UNDERSTANDING YOUR CHOICES[27]

	Accepting Bets, Wagers, and Dares	Not Accepting Bets, Wagers and Dares
Good Things		
Bad Things		

27) AADAC. (n.d.). Adolescent Treatment Centre – Client Manual. (Adapted)

PREPARING FOR CHANGE

Three ways that life will change or be different when I stop making bets, wagers and dares:

1. _____

2. _____

3. _____

I am going to tell these three people that I am quitting gambling:

1. _____

2. _____

3. _____

I am going to stop gambling on this date:

_____

_____

To help me to quit on this date, I need to do these things first:

_____

_____

_____

_____

_____

NOW THAT I'VE DECIDED TO STOP MAKING BETS, WAGERS AND DARES[13]

Now that I've decided to stop my gambling activities, I need to learn to have fun by:

The problems I will have to deal with in the next while are:

The biggest concern I have since deciding to quit gambling is:

My greatest hope in making this decision is:

13) AADAC. (1997). Treatment Tools. (Adapted)

GOALS TO GET THE LIFE I WANT[13]

Use your goals to help you complete this exercise.

Goal	When will this be done?	What do I need to do to achieve my goal?	Hurdles to overcome	What happened?

13) AADAC. (1997). Treatment Tools. (Adapted)

EIGHT COMPONENTS OF RESILIENCY[28]

Why do some young people "beat the odds" in difficult situations? There are a number of factors which influence why some adolescents experience successes in their lives, while others struggle. Resiliency does not protect an individual from temptations, mistakes or bad decisions. It provides the skills necessary to move through these situations and learn from them. This keeps some young people out of trouble, and helps others regain a footing during times of trouble.

There are things we can do to help young people make wise decisions, choose positive paths, and grow up competent, caring and responsible. Resiliency is composed of eight basic components.

1. **SUPPORT** Young people need to experience support, care and love from their families and many others. They need organizations and institutions that provide positive, supportive environments.

2. **EMPOWERMENT** Young people need to be valued by their community and have opportunities to contribute. For this to occur, they must be safe and feel secure.

3. **BOUNDARIES AND EXPECTATIONS** Young people need to know what is expected of them and whether activities and behaviours are "in bounds" or "out of bounds."

4. **CONSTRUCTIVE USE OF TIME** Young people need constructive, enriching opportunities for growth through creative activities, youth programs, places to meet, and quality time at home.

5. **COMMITMENT TO LEARNING** Young people need to develop a lifelong commitment to education and learning.

6. **POSITIVE VALUES** Young people need to develop strong values that guide their choices.

7. **SOCIAL COMPETENCIES** Young people need skills and competencies that equip them to make positive choices, to build relationships, and to succeed in life.

8. **POSITIVE IDENTITY** Young people need a strong sense of their own power, purpose, worth and promise.

The home life of an adolescent will have a major impact on the development of the qualities and competencies required for resiliency. However, schools, neighbourhoods, community organizations and clubs all play a role in providing adolescents with the positive experiences necessary for healthy decision-making.

28) Search Institute. (1997). The Asset Approach: Giving Kids What they Need to Succeed.

WISHFUL THINKING

Gambling is not always a rational activity. For many people, it is hard to accept that the outcome of a game of chance is completely beyond their control. Even when they know better, gamblers often behave as if they could predict or influence the outcome in some way. Predicting an outcome that is essentially unpredictable is what gambling is all about. This can lead to two irrational biases on the part of gamblers. First, they behave as if they can influence the outcome of an unpredictable event. Secondly, they behave as if the outcome is more predictable than it is in truth. These biases can occur in isolation or together. These biases have been identified by a variety of names, including: "illusion of control," "superstitious belief," "intuition," "erroneous perception" and "irrational thoughts."

Some studies have suggested that gamblers have a deep-rooted misconception of the nature of randomness; sometimes this is referred to as the "gambler's fallacy." Specifically they tend to deny the fact that each new attempt is independent of previous results. This is demonstrated in situations where a coin is tossed 9 times and turns up heads each time. The "gambler's fallacy" would suggest that the probability of the coin turning up heads on the 10th toss is greater than the independent probability of 50%.

"Lady Luck" has long been considered the gambler's muse. Players have the illusion that luck is a personal characteristic that comes and goes, similar to emotional moods. Playing when lucky, or "hot," provides some gamblers with the illusion of control.

ARE YOU DEFENSIVE?

Identify the defense mechanism each statement is describing. Some statements have more than one answer.[27]

1. "If Dave hadn't been so sure of himself, I never would have bet against him." _____
2. "I just had all this money and I didn't know what to do with it, so when I had the chance I just bought sports betting tickets." _____
3. "This is getting me really mad." _____
4. "What did you do last night?"
5. "I don't know what you are talking about, I honestly don't remember that." _____
6. "It's only a $5.00 bet." _____
7. "Get out of my life." _____
8. "If you would just get off my back, I'd have a whole lot less to worry about!" _____
9. "I don't have a problem, everyone does it." _____
10. "Listen – you are the one with the problem." _____

More information on defense mechanisms can be found on page _____.

27) AADAC. (n.d.). Adolescent Treatment Centre-Client Manual.

MAJOR LIFE AREAS

There are a number of areas in the life of adolescents that will be, or have been, affected by their gambling behaviours. It is often helpful to look closely at these areas to determine what the consequences have been, or will be. This helps adolescents to focus on what areas they really want to change and helps build the motivation to do so.

The Major Life Areas for adolescents include:

1. Legal
2. Financial
3. Family
4. Friends/Recreation
5. School/Job
6. Physical Health
7. Emotional/Spiritual Health

HOW GAMBLING AFFECTS MY LIFE 1 OF 2

There are a number of areas of your life that will be, or have been, affected by your gambling behaviours. It is often helpful to look closely at these areas to determine what the consequences have been. This will help you to build motivation as you focus on what areas you really want to change. Check the ones that apply to you.[27]

LEGAL:

- ❒ Do you know what gambling activities are illegal for you?
- ❒ Have you ever participated in an illegal activity to support your bets, wagers and dares?
- ❒ Have charges been laid against you?
- ❒ What effect do criminal charges have on your life?

FINANCIAL:

- ❒ Consider the money and the value of personal possessions you have bet, wagered and/or dared.
- ❒ Have you had to take care of court fees or fines?
- ❒ Have you lost a job and income because of gambling?
- ❒ Have you taken money or pawned items from home in order to place a bet?
- ❒ Have you damaged friendships because you borrowed money you couldn't repay?
- ❒ Have you had to spend money replacing an item that you had previously lost in a wager?

FAMILY:

- ❒ Do the people in your family trust you? Has this changed because of your gambling?
- ❒ Are there arguments in your family because of a gambling lifestyle?
- ❒ Have you failed to keep promises because of gambling?
- ❒ Does your family avoid you when you are betting? Do you avoid them?
- ❒ Have there been any incidents of violence in your family because of your gambling activities?
- ❒ Do you lie and withhold information from your family in order to protect your secret?

SCHOOL/JOB:

- ❒ Have you been suspended or expelled because of bets, wagers or dares?
- ❒ Have you lost a job because of bets, wagers or dares?
- ❒ Have your grades changed since you started gambling?
- ❒ Do you miss or are you late for school frequently?
- ❒ Have your teachers talked to you about your gambling?

27) AADAC. (n.d.). Adolescent Treatment Centre-Client Manual.

HOW GAMBLING AFFECTS MY LIFE 2 OF 2

FRIENDS/RECREATION:

- ❒ Have you lost friends because of bets, wagers or dares?
- ❒ Do most of your leisure activities involve gambling?
- ❒ Has gambling caused you to argue with your friends?
- ❒ Have you failed to keep promises to your friends?
- ❒ Do you trust your friends? Do they trust you?
- ❒ Have your friends suggested that you not make the bet or accept the dare?

PHYSICAL HEALTH:

- ❒ Have you experienced signs of extreme tiredness or exhaustion because of gambling?
- ❒ Have you ever felt like you have lost track of time when gambling?
- ❒ Have you ever felt like you were a different person when you were involved in a gambling activity?

EMOTIONAL/SPIRITUAL HEALTH:

- ❒ Do you gamble to make it through the day?
- ❒ Are you depressed about your life?
- ❒ Do you have bad moods?
- ❒ Do you hide how much you are losing from your friends or family?
- ❒ Do you feel like nothing has turned out right for you?
- ❒ Have you tried to hurt yourself (slashing, burning, etc.)?
- ❒ Have you felt guilty about your losses?
- ❒ Do you feel support and a connection to others?
- ❒ Do you exaggerate your winnings?
- ❒ Do you feel there is a purpose to your life?

PLANNING FOR SUCCESS – A STEP AT A TIME[13]

Area of Life	Specific Goal	Obstacles to Success	Things I can do today
Legal			
Financial			
Family			
School/Job			
Friends/ Recreation			
Physical Health			
Emotional/ Spiritual Health			

13) AADAC. (1997). Treatment Tools. (Adapted)

LEGAL

Most licensed gambling activities preclude the involvement of anyone under the age of 18. Activities like VLTs, casinos and horse racing are strictly monitored and the majority of adolescents have limited or no experience with these games. The sale of lottery tickets is also restricted to those 18 years of age or older. However, this is not closely monitored and some adolescents report little difficulty in purchasing these tickets.[24] For most adolescents who have encountered legal difficulties as a result of gambling behaviours, these difficulties have been primarily related to securing funds in order to support their gambling activities.

FINANCIAL

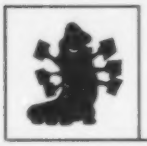
There is considerable debate as to whether an adolescent can develop a gambling problem or not due to the fact they have limited financial resources. Outside of this debate and equally valid is the argument that adolescents today have large disposable incomes and access to significant financial resources. Managing money, and developing awareness for how money is spent, is a skill that most of us learn over time and through experience. Many adolescents have not yet mastered this skill. Research indicates that all adolescents, both problem gamblers and non-problem gamblers, report that they get their money from jobs and allowances. Expenditures on gambling are relatively low for both gambler groups. Non-problem gamblers play infrequently and generally do not wager more than they can afford to lose. Typically non-problem gamblers spend an average of $3.22 on gambling activities per month. Adolescents with a gambling problem identify securing additional finances to gamble from a variety of sources. Three-quarters of the problem gamblers borrow money from family members and friends. Although the numbers are low, adolescent problem gamblers report they do engage in extreme measures to finance gambling including: selling personal and family property, stealing from family or household finances, and stealing from non-family members.

FAMILY

Family and home life are affected by, and have an effect on, an adolescent gambler. Research indicates that adolescent problem gamblers frequently live in homes where gambling is a conspicuous activity of one or both parents. The frequency and acceptability of gambling creates an aura of legitimacy for adolescents to be involved in these activities. Indeed, adolescent problem gamblers report early gambling experiences, often as early as 10 years old, in the company of a parent or other significant adult. These memories are often associated with a "big win."

An adolescent problem gambler affects home-life and family in much the same way as with any addictive behaviour. As the behaviour escalates secrets and distrust, arguments and falsehoods tend to predominate. The relationships within the family become strained and confrontational.

24) Wynne. (1996). Adolescent Gambling.



EFFECTS OF GAMBLING ON FAMILY LIFE

RESPONDENTS IN the study Gambling and Problem Gambling in Alberta[29] were asked to provide a general description of their family situation, and to comment on whether gambling was a positive or negative force in their family life.

The study confirmed that:

- Problem gambling by any member of the family can lead to marital strife and family disruption.
- Problem gambling leads to relationship problems.
- Family life becomes stressful for a problem gambler.
- The effects of problem gambling on family life are generally negative.
- The only time problem gambling is seen in a positive light is when the gambler wins, however, wins are a rarity.
- Problem gambling causes a heavy impact on family finances.
- The majority of problem gamblers state that they lose more than they win.

29) Wynne, J.H., & AADAC. (1994). Gambling and Problem Gambling: Final Report. (pp. 89-91).

WHO HAS INFLUENCED YOU?[30]

1. What is gambling?

2. When did you first notice or become aware of people gambling?

3. What are some of the different types of gambling activities?

4. How often do people you know gamble?

5. When people you know gamble, are they intense?

6. What kinds of activities does your family engage in that might be called gambling?

7. What are the best and worst things about gambling?

30) AADAC. (1999). Playing With Fire: Aboriginal Adolescent Gambling Discussion Guide. (Adapted)

SCHOOL/JOB

Adolescent problem gamblers do not necessarily display poor school or job attendance. However, as with any addictive behaviour these occupations take less of a priority and a change in attendance, performance or interest is often noted. As informal gambling activities are what most adolescents participate in, it should not be surprising that many of these opportunities are experienced within the context of school and work.

Adolescent problem gamblers tend to show less of an interest in school as they frequently display less of an interest in, or enthusiasm for, specific academic subjects. Frankly, their interests lie elsewhere. Research indicates that adolescent problem gamblers tend to achieve a lower grade point average and demonstrate less concrete career aspirations.

FRIENDS/RECREATION

As the primary reason given for gambling by adolescents is "fun and entertainment" followed by the "challenge," it is not surprising that other forms of recreation begin to decrease in frequency for the adolescent problem gambler. As games of skill are often the gambling game of choice, recreational activities like golf, pool, bowling, darts and arm wrestling become opportunities for the gambler to continue his/her betting, wagering and daring behaviours.

As with any addiction, friendships suffer as money is borrowed and/or stolen in order to support the gambling habit. Arguments and lies are frequently part of the gambler's relationships with friends. For the adolescent problem gambler winning is of such importance, as it defines the adolescent, that exaggerating and lying about the extent and frequency of winning tends to permeate most relationships. Losses are ignored or kept private; wins need to be in the public domain.

PHYSICAL HEALTH

Because the physical effects of gambling are not as obvious as those of many other addictive behaviours, people often do not consider problem gambling to be an addiction. Addictions that include alcohol and other drugs frequently manifest themselves through physical symptoms. Gambling does not have a smell like liquor and tobacco, pupils don't dilate, and bodily reactions can be credited to other things. Excessive gambling, however, can and does result in exhaustion
and physical manifestations of anxiety.

Some adolescents report a "gambling high." This is a trance-like state that often results in a distorted sense of time and place.[37] Indeed, adolescent problem gamblers report experiencing all five dissociative states:

1. Lost track of time.
2. Felt as if they were a different person.
3. Felt as if they were outside of themselves, watching themselves.
4. Felt as if they were in a trance.
5. After gambling, experienced a memory blackout for things that had happened while gambling.

Although all five dissociative states have been reported, it is most common for adolescents to report losing track of time.[24]

Adolescent problem gamblers are more likely to be smokers and heavy drinkers of alcohol and to use illicit drugs (notably marijuana) than adolescents that do not display a gambling problem.

EMOTIONAL/SPIRITUAL HEALTH

Success has been defined as a healthy aptitude for risk and perseverance, allowing us to gain strength from setback and failure. Risk-taking is particularly attractive to adolescents as they seek to define their identities and prove themselves to their peers, their families and their communities. Winning and being a winner is an important attribute that is valued by adolescents and adults alike. The adolescent problem gambler tends to define his/her success in a single framework – the results of participation in the bets, wagers and dares. As noted earlier the "win" is not always tangible – sometimes "bragging rights" are enough.

The adolescent problem gambler tends to suffer more anxiety, worry and depression than a non-problem adolescent gambler. The Adolescent Gambling and Problem Gambling in Alberta report by Wynne (1996), revealed an interesting finding: one in three problem gamblers interviewed divulged that they have received professional counselling at some time in their life, usually to help them deal with depression, behavioral problems, or trauma such as family breakdown.

37) Jacobs, D. (1989). A general theory of addictions: rationale for and evidence supporting a new approach for understanding and treating addictive behaviors.

24) Wynne. (1996). Adolescent Gambling.

WHO AM I REALLY? – SELF AWARENESS[13]

I am... _____

All my life I have wanted to... _____

I feel most liked when... _____

I get angry when... _____

My biggest fear is... _____

Other people think I am... _____

I feel strongest when... _____

I feel good when I remember... _____

When I'm alone I feel... _____

I was the type of child who... _____

Most people don't know that I... _____

I feel least like me when... _____

Never, ever, refer to me as a... _____

The worst part of me is... _____

The best part of me is... _____

13) AADAC. (1997). Treatment Tools.

SELF-ESTEEM EXERCISES[13] 1 OF 2

1. Think of a positive message given to you as a child. Who gave you that message and how did the message affect you?

2. What negative messages did you receive as a child?

   1) Write some of them down.

   2) Write the name of the person who gave you that message.

   3) Change the message to one that would have been helpful to you.

Example:

NEGATIVE MESSAGE	PERSON	CHANGED MESSAGE
You'll never amount to anything.	*Uncle*	*You can be anything you want to be.*

13) AADAC. (1997). Treatment Tools.

"Expect a Miracle"
Be optimistic about your life
and what will come of it.

SELF-ESTEEM EXERCISES 1 OF 2

3. Put the changed message on your mirror, fridge, etc. and "creatively dispose of " the negative message (shred, burn, flush down the toilet). Some people really like this activity!

_____

_____

_____

_____

4. List how a person with high self-esteem:

a. Thinks _____

_____

b. Feels _____

_____

c. Behaves _____

_____

5. How do you want to:

a. Think? _____

_____

b. Feel? _____

_____

c. Behave? _____

_____

WHAT'S THE SCORE?[14] 1 OF 3

Put an **X** on the line to indicate where you are on the scale from 1-10.

Attractiveness: I am...

1 2 3 4 5 6 7 8 9 10

VERY ATTRACTIVE — AVERAGE — VERY UNATTRACTIVE

Self-confidence: I have...

1 2 3 4 5 6 7 8 9 10

MUCH SELF-CONFIDENCE — AVERAGE — LITTLE SELF-CONFIDENCE

Personality: My personality is...

1 2 3 4 5 6 7 8 9 10

PLEASANT — AVERAGE — VERY UNATTRACTIVE

I get along with others of my own sex...

1 2 3 4 5 6 7 8 9 10

VERY WELL — OKAY — VERY BADLY

I get along with people of the opposite sex...

1 2 3 4 5 6 7 8 9 10

VERY WELL — OKAY — VERY BADLY

14) Nowinski, J. (1990). Substance Abuse in Adolescents and Young Adults. (pp. 140-141).

WHAT'S THE SCORE? 2 OF 3

Relationships with adults: I get along with adults...

1 2 3 4 5 6 7 8 9 10

VERY WELL — OKAY — VERY BADLY

Appearance: My personal appearance is...

1 2 3 4 5 6 7 8 9 10

NEAT AND CLEAN — AVERAGE — UNCLEAN AND SLOPPY

Intelligence: I am...

1 2 3 4 5 6 7 8 9 10

INTELLIGENT — AVERAGE — UNINTELLIGENT

Grooming: My personal grooming habits are...

1 2 3 4 5 6 7 8 9 10

GOOD — AVERAGE — POOR

Personal Character: I am basically a...

1 2 3 4 5 6 7 8 9 10

GOOD PERSON — AVERAGE PERSON — BAD PERSON

Talents: I have...

1 2 3 4 5 6 7 8 9 10

MANY TALENTS — SOME TALENTS — NO TALENTS

WHAT'S THE SCORE? 3 OF 3

Coordination: Physically, I am...

1	2	3	4	5	6	7	8	9	10
VERY COORDINATED				AVERAGE					VERY UNCOORDINATED

Popularity: Most people...

1	2	3	4	5	6	7	8	9	10
LIKE ME A LOT				ARE NEUTRAL ABOUT ME					DISLIKE ME STRONGLY

Self-esteem: If I could make myself over, I would be...

1	2	3	4	5	6	7	8	9	10
EXACTLY AS I AM				A LITTLE DIFFERENT					TOTALLY DIFFERENT

What would I do to change each score?

DISCHARGE PLANNING AND REFERRAL

RELAPSE PREVENTION PLANNING

As with tobacco, alcohol and other drugs, recovery involves more than just stopping the gambling behaviour. All Major Life Areas were included in the treatment plan, and should be reviewed from assessment to completion. This review assists adolescents in identifying and recognizing the high-risk areas of their lives as well as the community supports that are available to them. These supports may include school counsellors and teachers, parents and family friends, other significant supportive adults, clubs and associations, community involvement, an identifiable circle of supportive peers, and church groups. Counselling may be terminated gradually, allowing the adolescent the opportunity to return as new issues surface.

Depending on the program the adolescent is involved with, discharge and referral may include continued contact with an Addictions Counsellor or another agency. This transition, often a stressful one for the adolescent, becomes easier as all participants work together to provide consistency and continuity for the client.

Recovering problem gambling clients often enjoy the opportunity to "give back" to their communities, as a way of expressing appreciation and helping others. This provides a twofold benefit. First, it provides the adolescent with a structured approach to building and maintaining community supports and activities, which are vital to the development of resiliency skills. Second, as adolescent problem gambling is a concept that many communities have difficulty acknowledging, it raises awareness and knowledge of the issues and supports associated and available to young people.

The decision to change any habit or behaviour is difficult. Changing gambling behaviours involves finding new outlets for entertainment, new ways of being with family and friends and new ways of dealing with stress. Most importantly, it involves finding ways of avoiding relapse – falling back into old behaviours. As with any addiction, relapse does not begin when adolescents start gambling again. The warning signs usually occur before this, when stress builds – these danger signs are often referred to as high-risk areas. Knowing what their personal high-risk areas are assists adolescents in preparing for and effectively managing these situations when they arise.

In some situations, adolescents may leave treatment after a very brief amount of time spent with the counsellor. Although this can feel very incomplete for the adults involved, it is important to remember the Stages of Change and acknowledge the movement or growth accomplished by the adolescent.

Regardless of the circumstances, some of the questions[31] that may be helpful to an adolescent leaving counselling include:

- What are some of your feelings when you look ahead to your future?
- How will you know if you need help in the future?
- Do you know where you can get help if you need it? (Ask for specifics.)
- What have you learned from treatment/counselling/this meeting?
- What has been the most difficult part of choosing a non-gambling lifestyle?
- What do you think might get in your way?
- How do you see yourself getting past these barriers?
- If you had to write a sentence or two describing your experience, what would it be?
- What kind of advice would you give to others?

Henriette Anne Klauser, in her book Write it Down, Make it Happen,[32] states that the first step to achieving your goals in life is to write them down. She suggests this is about specifically clearing your head, identifying what you want, and setting your intent. Goal setting at the beginning of treatment is important. Indeed, goal setting at the end of treatment is equally important. It is very hard to achieve anything that cannot be specifically stated and pursued. Having clients create post-treatment goals provides the opportunity for adolescents to view their lives in a broader context, expanding their reality beyond the moment and beyond the addiction. Assisting the client in establishing goals that are framed in a positive orientation provides direction and the seeds for long-term planning.

Although living a "clean" lifestyle is positive, it does not provide the adolescent with the insight to respond to the new challenges that will be faced after treatment. To assist in this process, it may be valuable to ask the adolescent to set goals with the assumption that he or she is already living a "clean" lifestyle. Achievement of these goals can only occur as a logical outcome of gambling-free behaviour. This is a subtle but powerful distinction. Setting goals that are dependent upon a specific lifestyle creates not only the motivation to achieve or maintain the lifestyle, but a vision of the future that moves beyond the mistakes of the past.

31) AADAC. (n.d.). AADAC Youth Services: Transition Booklet.
32) Klauser, H.A. (2000). Write It Down, Make It Happen.

COMMON DANGER SIGNS THAT MAY LEAD TO RELAPSE[33] 1 OF 2

1.Exhaustion:

Becoming overly tired. If you don't feel good, your thinking will not be as clear and you may make some bad decisions.

2. Dishonesty:

Little lies and deceits, making excuses to cover for yourself.

3. Impatience, frustration:

Things not happening fast enough, others not doing what you think they should do.

4. Argumentativeness:

Arguing over small, ridiculous points of view, which gives an excuse to gamble.

5. Depression:

Feeling depressed for no reason.

6. Frustration:

Blowing up, yelling, feeling frustrated over small problems.

7. Self pity:

Why do these things happen to me? Why do I have a problem with gambling? Feeling upset because you can't bet, wager or dare.

8. Cockiness:

Got it made, no longer fear gambling activities, or going into high-risk situations.

9. Complacency:

Gambling is the farthest thing from your mind. You are tempted to let up on structure and support.

10. Expecting too much from others:

"I've changed, why hasn't everyone else?"

11. Letting up on discipline:

Relaxing, skipping counselling or support group meetings.

12. Use of alcohol or drugs:

Using substances to ease tension.

13. Wanting too much:

Setting unachievable goals, expecting too much.

14. Forgetting gratitude:

Forgetting where you started, and how much better life is now.

15."It can't happen to me:"

Dangerous thinking, thinking you can control your use.

16. Omnipotence:

All-powerful, everything under control, "I have all the answers," ignoring suggestions, advice.

17.Stuffing feelings:

Not talking about how you feel.

18. Avoidance:

Starting to back off when feeling frustrated so that you don't have to face the problem and deal with it.

19. Believing "I'll never gamble again:"

Not being aware of problems or feelings, trying to convince yourself to not gamble again.

33) AADAC. (1996). AADAC Youth Services Relapse Workbook. (Adapted)

COMMON DANGER SIGNS THAT MAY LEAD TO RELAPSE 2 OF 2

20. Worrying about others instead of yourself:

Getting involved in others' recovery but not your own, not talking about your own problems.

21. Resentment towards gamblers:

Judging, criticizing, putting down others who are gambling. Angry that others can bet, wager, and dare and you can't.

22. Avoiding family gatherings:

Not spending time with your family.

23. Dwelling on treatment experience:

Thinking about how good inpatient treatment was when you were the centre of attention.

24. Superficial aftercare involvement:

Assuming a more passive role in aftercare, not doing what you need to do to continue to recover.

RELAPSE QUESTIONNAIRE 1 OF 2

A "high-risk" situation is anything that puts you in danger of making bets, wagers or dares when you did not plan to gamble. This questionnaire is to help you more clearly identify your "high-risk" situations. Please put a check mark in the box next to those statements that apply to you.

I find it most difficult to stay away from gambling:

1. when I pass by an arcade or run into friends who use who gamble. ❒
2. when I'm somewhere where I used to make bets, wagers and dares. ❒
3. when I'm with other people who are gambling. ❒
4. when I feel no one really cares what happens to me. ❒
5. when I feel tense. ❒
6. when I'm with people I don't know. ❒
7. when I start thinking that just one little bet, or one sports bet, won't hurt me. ❒
8. when I feel depressed. ❒
9. when I have problems at home. ❒
10. when I feel I'm being punished unfairly. ❒
11. when I'm off school or work. ❒
12. when I feel happy with everything. ❒
13. when I have money to spend. ❒
14. when I remember the fun I had making bets, wagers and dares. ❒
15. when there are arguments or fights at home. ❒
16. when I'm feeling resentful or angry. ❒
17. when I feel terrible. ❒
18. when I don't have any money. ❒

RELAPSE QUESTIONNAIRE 2 OF 2

19. when I start thinking I'm not really hooked on gambling. ❒
20. when I feel myself getting angry. ❒
21. when there are special occasions like birthdays and holidays. ❒
22. when I start feeling frustrated and fed up with life. ❒
23. when I feel tired. ❒
24. when I feel other people are letting me down. ❒
25. when I have already used alcohol or other drugs, or cigarettes. ❒

Scoring the Relapse Questionnaire:

1. **Negative Emotions:** Score 1 for each of these numbers: 3, 4, 5, 7, 8, 9, 10, 15, 16, 17, 20, 22, 23, 24.

   Total: _____of 14

2. **Positive Emotions and External Situations:** Score 1 for each of these numbers: 1, 2, 11, 12, 13, 14, 18, 21.

   Total: _____of 8

3. **Testing Yourself:** Score 1 for each of these numbers: 6, 19, 25.

   Total: _____of 3

Score and total each section separately.

The higher the score in relation to the total number possible for each item will indicate the most dangerous area for relapse.

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